

Primecare - Dr S & N Ratneswaren

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Primecare - Dr S & N Ratneswaren on 14 August 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff were aware of current evidence based guidance.
- Staff had access to a range of training courses however we saw that not all staff had undergone training in key areas such as infection prevention and control and fire safety. We were unable to establish the dates of some of the safeguarding training carried out by staff.

- Data from the Quality and Outcomes Framework showed patient outcomes were mainly comparable to the national average. However, the practice fell below average for three out of four childhood immunisation indicators.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Staff at the practice however had not reviewed the survey outcomes.
- Information about services and how to complain was available, however the practice was not appropriately recording verbal complaints and its complaints process was not easy to navigate.
- Patients we spoke with said they could usually get an appointment when they wanted to; however, a minority of the CQC comment cards we received commented on difficulties in getting an appointment and that it was not always possible to have continuity of care.

Summary of findings

- Feedback from a local care home was positive about the GP service provided to their residents.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. There were accessible facilities, which included a hearing loop; and interpretation services were available.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients

The areas where the provider should make improvement are:

- Maintain up to date and accurate records of staff training and appraisals.
- Review how staff code immunisations in patient records so accurate data is maintained.
- Review the provision of appointments to determine if patient needs are being met.
- Take into consideration the outcomes of the national patient survey.
- Review how verbal complaints are recorded; and how easy the complaints procedure is to navigate for patients.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were carried out and lessons learned.
- When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example:
- We were unable to establish the dates of some of the safeguarding training carried out by staff.
- Patient records were not securely stored at the branch site.
- Not all staff had undergone infection prevention and control training. We found high level dust; torn chair covers in the waiting room and cleaning materials stored in unlocked cupboards.
- Blank prescriptions were not always securely stored.
- Not all staff recruitment files contained the required documentation.
- Not all staff were aware of the need to ensure smart cards were securely kept.
- Not all staff were aware that emergency equipment was provided at the branch site.
- We found needles and syringes were stored in unlocked cupboards in the waiting room at the branch site.
- Staff were not following the in-house fire policy, and not all staff had undergone fire safety training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mainly comparable to the national average. However, the practice fell below average for three out of four childhood immunisation indicators.
- Staff were aware of current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had access to a range of online training courses. From the training record provided we saw that staff had accessed, for example, training in information governance, equality and diversity, chaperoning, Gillick competency, and health and safety.
- There was some evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- There was a policy to offer telephone, text then written reminders for patients who did not attend for their cervical screening test. The practice nurse audited monthly to ensure results were received for all samples sent for the cervical screening programme.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey from 2016 showed patients rated the practice comparable to others for aspects of care. For example:
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern was 88% compared to the CCG average of 81% and England average of 85%.
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 94% compared to the CCG average of 85% and England average of 91%.
- Survey information we reviewed from 2016 showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example:
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from a local care home was positive about the GP service provided.
- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there were longer appointments available for patients with a learning disability and those with long term illnesses.
- The practice offered extended hours on a Wednesday until 7.30pm and Thursday and Friday until 7pm for working patients who could not attend during normal opening hours.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- There were accessible facilities, which included a hearing loop; and interpretation services were available.
- Patients we spoke with said they could usually get an appointment when they wanted to; however, a minority of the CQC comment cards we received comments on difficulties in getting an appointment and that it was not always possible to have continuity of care.
- Urgent appointments were available the same day.
- The practice had adequate facilities to treat patients and meet their needs.
- There was a designated responsible person who handled all complaints in the practice. Written complaints were recorded however we did not see that verbal complaints were similarly recorded.
- The practice told us they had received one written complaint in the last 12 months. We reviewed the complaints log which had some date errors in it but nevertheless we could see that the practice had dealt with the complaint.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. Staff could access these electronically.
- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk however in some areas this needed to be improved.

Summary of findings

- Staff attended staff meetings and training opportunities. There was evidence in that some, but not all staff had undergone induction training and had had an annual appraisal.
- The provider was aware of the requirements of the duty of candour. In the sample we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group.
- Staff at the practice had not reviewed the outcomes of the National GP Patient Survey.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Patients over 75 had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. Quarterly multi-disciplinary meetings were held with, for example, the palliative care team and the district nurses.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example they were encouraged to attend for shingle vaccination and pneumococcal vaccinations.
- Yearly flu vaccinations were provided for housebound patients.
- The waiting room had various information posters with information on Carer advice services for the older community.

People with long term conditions

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

Good



- The practice maintained registers of patients with various long term conditions such as COPD, diabetes, asthma, heart disease, hypertension, cancer, thyroid disease, rheumatoid arthritis, stroke and peripheral heart disease and Mental Health. Patients on these registers were invited to attend the practice for review.
- Diabetes outcomes were comparable to local and national averages. For example, the percentage of patients with

Summary of findings

diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 65% compared to the CCG average of 71% and England average of 78%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 76% compared to the CCG average of 72% and England average of 78%.
- 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.
- Home visits were provided for people who are unable to attend the practice.
- The practice provided what it termed a 'one stop shop' offering patients, for example, diabetic care, foot care monitoring, phlebotomy and blood pressure monitoring.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were below average. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.8 (compared to the national average of 9.1). For example, the percentage of children aged 2 with pneumococcal conjugate booster was 84% compared to 90% national target. The practice felt this was predominantly due to coding errors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Patients aged 15 - 24 years were encouraged to have chlamydia testing as appropriate.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.
- The practice provided a service to students at the University of Greenwich campus and provided a catch up programme for students for relevant vaccinations.
- Telephone consultations were provided during the day for patients that might not be able to access the surgery during normal hours.
- Online appointments and electronic prescribing were provided.
- NHS Health Check Plus for patients aged 40 -74 were offered.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers, refugees and those with a learning disability. There were 14 patients on the learning disability register, 50% of whom had had an annual review to date in the 2017/18 business year.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they liaised with the medical foundation for torture victims and provided medical reports for patients suffering from post-traumatic stress disorders.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 87% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. They maintained a register of patients with mental ill health. There were 45 patients on this register, 36 of whom had a documented care plan in 2016-17.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Mental health outcomes were comparable to local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93% compared to the CCG average of 82% and England average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 92% compared to the CCG average of 82% and England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations, such as the local 'time to talk' service.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. Clinical staff had held a meeting with the primary care plus lead and consultant psychiatrist to gain a better understanding of the Mental Capacity Act.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty five survey forms were distributed and 79 were returned. This represented 2% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards, 36 of which were wholly

positive about the standard of care received. Patients commented that they had been listened to; treated with the utmost care and respect; been provided with excellent patient care and staff were professional, kind and helpful. Four patients commented positively on the care received, but were critical of the difficulties in getting appointments. Seven patients raised issues. Four of these related to difficulties experienced in getting an appointment. Two patients raised concerns regarding medicines, whilst one was unsatisfied with the care in general.

We spoke with five patients during the inspection, including a member of the patient participation group (PPG). All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The member of the PPG was new so had not yet met with other members. They commented that they found staff to be extremely helpful and willing to listen, and felt that this needed to be better advertised, perhaps by placing a poster in reception.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Maintain up to date and accurate records of staff training and appraisals.
- Review how staff code immunisations in patient records so accurate data is maintained.

- Review the provision of appointments to determine if patient needs are being met.
- Take into consideration the outcomes of the national patient survey.
- Review how verbal complaints are recorded; and how easy the complaints procedure is to navigate for patients.

Primecare - Dr S & N Ratneswaren

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 Primecare - Dr S & N Ratneswaren

The practice operates from three sites in south east London; its main site in William Barefoot Drive and its branch sites in Chislehurst and, during term time, at the University of Greenwich, Avery Hill campus. It is one of 41 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 5100 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include dementia, influenza and pneumococcal immunisations, minor surgery, rotavirus and shingles immunisation, and unplanned admissions.

The practice population of male and female patients is below the national average for most age groups. However,

it has considerably more patients than the national average for those aged 20 - 24, and is also above average for those aged 15 - 19 and 25 - 29. There is a local Tamil community, who benefit from the GP's ability to speak Tamil. Life expectancy for both males (79 years) and females (83 years) are the same as the England averages.

The clinical team includes two partners (male and female) and one male salaried GP. The female GP works one day per week. They also use several long term locums. The GPs provide a combined total of 12 fixed sessions per week. During term time there are an additional four sessions per week. There are two female practice nurses and one female health care assistant. One of the administrators is also a phlebotomist and carries out one clinic each week. The clinical team is supported by a practice manager, a practice secretary and administrative staff.

The main practice is open from 8am to 6.30pm on Monday and Tuesday; from 8am to 7.30pm on Wednesday and from 8am to 7pm on Thursday and Friday. The Chislehurst branch site is open from 8am to 6.30pm on Monday; from 8am to 7.30pm on Tuesday and from 8am to 1pm Wednesday - Friday. The University campus branch is open term time Monday - Friday 9.30am to 4pm. Appointments with GPs and nurses are available between these hours. The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care out of normal hours are advised to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency.

The premises at the main site in Chislehurst are shared with another GP practice. At the main site there are two consulting rooms, two offices and shared patient toilet, reception and waiting areas. A ramp is provided to enable

Detailed findings

wheelchair access. There is an accessible toilet on the ground floor with an emergency pull cord and hand grip bars. At the branch site there is a waiting area, patient toilet, reception and two consulting rooms. The practice is due to move into the next door building, which is currently undergoing refurbishment.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 August 2017.

During our visit we:

- Spoke with a range of staff, including GPs, a practice nurse, the practice manager and administrators, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location and one of the branch surgeries. We did not visit the university campus site as the inspection was outside term time and it was therefore closed.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the example we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. Staff told us that safety alerts were distributed via email and also by hard copy, and they had to sign to say they had read them. We saw evidence to support this.
- The practice carried out an analysis of the significant events. They had recorded four in the previous year.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a change of medication requested for a patient by a community clinic had not been correctly actioned as it was processed directly to the patient's file and not via the GP. As a result, staff were retrained.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding. We were told that the GPs attended safeguarding meetings when

possible or provided reports where necessary for other agencies. We saw that staff appropriately coded patients so that safeguarding concerns would be flagged.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses to level two or three. The training record provided by the practice did not state the dates safeguarding training had been carried out for three staff; it did not give the level of safeguarding children training undertaken by the health care assistant and it indicated that the phlebotomist had not undergone any safeguarding training. Following the inspection the practice send us evidence that the phlebotomist had undergone adult safeguarding and child safeguarding level one training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene in most areas, however we noted patient information leaflets placed on windowsills were very dusty; and a number of seats on the chairs in the waiting room were torn.

- There were cleaning schedules and monitoring systems in place. Cleaning was carried out by external contractors. We noted that some of their cleaning products were stored in unlocked cupboards.
- The practice nurse was the infection prevention and control (IPC) clinical lead and staff had received up to date training. The practice nurse had identified several areas where IPC could be improved however these related to the premises and we were told they would be addressed when the practice relocated to its new building.

Are services safe?

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were not always securely stored. We were told that there were systems to monitor their use, and records of serial numbers were maintained. We were not able to see these as staff said they had been packed ready for the move into the new premises.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were in date and had been appropriately signed.
- Vaccines were stored appropriately, the cold chain was being maintained and the temperature of the refrigerator checked and recorded daily – both at the main site and at the branch. We saw that the vaccine refrigerator at the main site had a built in data logger but it was not being used, and was not referred to in the cold chain policy.

We reviewed six personnel files and found most, but not all, of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Two of the files we reviewed did not contain references and one did not contain proof of identification.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out fire drills. There was a designated fire

marshal within the practice. The fire safety policy and procedure outlined the records that should be kept for each drill, such as the number of people evacuated and the length of time the evacuation took; but we found that staff were not following the procedure and keeping accurate records.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The most recent calibration had been carried out on 16 May 2017, and the last electric test on 8 August 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as health and safety, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- Patient records at the branch site were not being kept securely. They were stored in a box on the floor of the unlockable reception room.
- Not all staff were aware of the need for smart card security, and did not know they should remove their card if they left their computer unattended.
- Boxes of needles and syringes were stored in unlocked cupboards in the waiting room at the branch site.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. Staff told us they regularly checked the level of oxygen in the cylinder but this was not recorded. A first aid kit and accident book were available. This equipment was also available at the branch site we visited, although not all staff were aware of it.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, and was last reviewed in August 2017.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 89% and national average of 95%.

Exception rates reporting in a number of clinical domains or indicators were significantly higher than the CCG or national averages. (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). For example:

The exception rate in those patients with atrial fibrillation with a record of a CHA₂DS₂-VASc score of 2 or more, who were currently treated with anticoagulation drug therapy was 26% compared to the CCG average of 15% and England average of 10%.

The exception rate in those patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 21% compared to the CCG average of 5% and England average of 11%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016 showed:

- Diabetes outcomes were comparable to local and national averages. For example, the percentage of

patients with diabetes, on the register, in whom the last IFCC HbA_{1c} was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 65% compared to the CCG average of 71% and England average of 78%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 76% compared to the CCG average of 72% and England average of 78%.
- Mental health outcomes were comparable to local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93% compared to the CCG average of 82% and England average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 92% compared to the CCG average of 82% and England average of 89%.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent audit of patients prescribed warfarin had identified that not all patients had an INR record for the previous three months (INR test are used to determine the clotting tendency of blood, necessary to determine the correct measure of warfarin dosage). A re-audit six months later showed all patients had had the appropriate INR tests.

Effective staffing

Staff had access to a range of online training courses. From the training record provided we saw that staff had accessed, for example, training in information governance, equality and diversity, chaperoning, Gillick competency, and health and safety. However, we also saw that not all staff had undertaken training in fire safety or infection control; whilst the training log did not have dates when safeguarding training for some of the staff had been undertaken.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. Not all of the staff files we examined contained evidence that the induction programme had been undertaken.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw the practice nurses had undergone training in, for example, ear irrigation, immunisations and vaccinations, sexual health, cytology and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. We saw the senior nurse carried out regular audits of the cervical smears she had taken both to ensure results had come through and also to review the failure rate of the sample taking. There had been just one inadequate sample in the past year; and none the previous year.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. Just two of the staff files we reviewed contained evidence of an annual appraisal, although staff told us they did take place.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Specific consent forms were not used as the practice did not offer minor surgery therefore considered that consent was implicit in providing any other treatment, and forms were not required.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on smoking, weight loss and lifestyle management.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 80% and the national average of 81%.

Immunisation rates were below average for three out of four indicators. For example, the percentage of children

Are services effective?

(for example, treatment is effective)

aged 2 with pneumococcal conjugate booster was 84% compared to 90% national target. The practice told us that this was partially due to an influx of patients from a recently closed nearby practice; and, they speculated, coding errors.

There was a policy to offer telephone, text then written reminders for patients who did not attend for their cervical screening test. The practice nurse audited monthly to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception desks at both the main site and the branch were open, which made it impossible to have private conversations. There was no available room for private discussion; however, staff told us that the new building would have more space and if patients wanted to discuss sensitive issues or appeared distressed they would be able to offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex, although they would have to use the branch site if they wished to see a female GP.
- Most staff had undergone training in information governance.
- Most of the 47 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.

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

Results from the national GP patient survey 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.

- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. We spoke with a local care home who received a weekly GP service from the practice. Staff at the home commented that they were more than happy with the service. They fed back that the GP was willing to visit outside their weekly surgery if needed, maintained up to date records and carried out medicine reviews promptly.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 2016 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:

Are services caring?

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared the CCG average of 77% and to the national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%)

Data from the (unverified) 2017 National patient survey showed that the practice had improved in ten of these indicators and its performance had dropped in three.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There were also multi-lingual staff who might be able to support them.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, we saw leaflets relating to memory clinics; stopping smoking; living wills; a foot clinic; fasting during Ramadan for diabetics; mental illness and carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Patients were invited to complete a care identification and referral form so that they could be offered support and referred, where appropriate, to the Carer's Service (a countrywide organisation providing information, advice and support for carers).

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

There were leaflets in reception giving patients details of the national bereavement service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability and those with long term illnesses.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was nearing the end of refurbishing the next door property and hoped to be in a position to move in shortly. The new premises would provide additional consulting rooms and space.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. There was a poster on the wall in the waiting room advertising this.

Access to the service

The practice offered extended hours on a Wednesday until 7.30pm and Thursday and Friday until 7pm for working patients who could not attend during normal opening hours. The branch site offered extended hours on a Tuesday until 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them, and appointments could be

booked online. Patients were reminded of their appointment by text. Patients could also be booked into one of the local hub practices. The hub provided appointments between 4pm and 8pm each weekday and between 9am and 5pm on Saturday and Sunday, all year round. Patients had to go through their own GP to obtain an appointment at the hub.

Results from the national GP patient survey 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 69% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 52% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 50% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although a minority of the CQC comment cards contained negative comments regarding difficulties in getting an appointment.

Data from the (unverified) 2017 National patient survey showed that the practice had improved in four of these indicators; had remained the same in one, and its performance had dropped in three.

The practice used an emergency call flow chart system to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- There was a designated responsible person who handled all complaints in the practice. Written complaints were recorded however we did not see that verbal complaints were similarly recorded. The practice manager told us, post inspection, that details of verbal complaints were recorded in the patient's record.
- We saw that information was available to help patients understand the complaints system. Complaints leaflets were available in the waiting area. The leaflet provided

details of the NHS advocacy service, the patient advisory liaison service and the ombudsman but we saw that the practice responses to written complaints did not include this information.

- The complaints leaflet also outlined how patients could make a complaint. This seemed to be a somewhat tortuous process as patients were advised that they should first raise their complaint with the member of staff concerned. If it was not resolved they should then contact the practice manager. If the complaint was not resolved at that stage then patients could make a 'formal complaint'.

The practice told us they had received one written complaint in the last 12 months. We reviewed the complaints log which had some date errors in it but nevertheless we could see that the practice had dealt with the complaint and resolved the issue for the patient although there had been a delay in responding, which the practice had apologised for.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice's statement of purpose commented on the aim of the practice to provide proactive, monitored, accessible and continually improving healthcare. In their presentation at the start of the inspection staff highlighted the key areas of their vision and strategy – to be accessible, safe, effective; to treat patients with dignity and to communicate well.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. One of the partners highlighted the key areas going forward were to move into new premises; recruit an additional partner and to regain status as a teaching practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the practice manager led on carers and learning disability patients; one of the practice nurses was the infection control lead and one of the GP partners was safeguarding lead.
- Practice specific policies were implemented and were available to all staff online. These were updated and reviewed regularly.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. We reviewed minutes of these meetings, and saw that the agenda always included a review of complaints; significant events; alerts and circulars.
- Clinical and internal audit was used to monitor quality and to make improvements.
- In most areas there were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice did not always keep written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings, and we saw minutes to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were recorded and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff had access to an employee assistant programme (counselling service).

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The practice sent out a patient survey between 1 and 10 March 2017. The results were reviewed by the PPG and discussed with the practice. The results indicated that the majority of patients who replied thought the practice offered a good or excellent service overall. They found access and quality of care excellent; but commented the rising number of patients meant it was not always to see their GP of choice. The NHS Friends and Family test results were reviewed monthly.

- Staff told us they felt able to give feedback at team meetings and were able to discuss any concerns or issues with colleagues and management
- Complaints and compliments received were shared with staff at team meetings.

Staff at the practice had not reviewed the outcomes of the National GP Patient Survey.

Continuous improvement

The practice demonstrated a commitment to improving facilities for its patients. It had purchased the next door property and was nearing the end of a refurbishment programme which, once finished, would provide additional consulting rooms, a sluice and improved access.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• patient records; equipment; prescriptions and cleaning materials were not securely stored; not all staff were aware of smart card security protocols; not all staff were aware of what emergency equipment was kept and where it was stored.• Not all staff had undergone training in infection prevention and control and fire safety. We were unable to establish the dates of some of the safeguarding training carried out by staff.• Some of the chairs in the waiting room had torn seat covers posing an infection risk.• Not all of the people providing care and treatment had provided the necessary documentation prior to recruitment. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>