Durdells Avenue Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Durdells Avenue Surgery on 15 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not robustly conducted to ensure that learning occurred and influenced practice.
- Risks to patients were not routinely assessed and findings of risk assessments where undertaken were not fully implemented.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Appointments were always available on the same day.
- The practice was understaffed for GPs and plans to resolve this were not in place.
- Information about services and how to complain was available and easy to understand.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and/or were not implemented by the practice.
- The practice had sought feedback from patients.
- Staff were clear about reporting incidents, near misses and concerns however there was no evidence of learning and communication with staff.
- Staff felt supported by management.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring risks to patients, significant events, incidents and near misses.
- Ensure staff receive regular formal appraisals and performance reviews.
- Establish governance arrangements to ensure the assessment of quality of care and delivery of improvements such as through practice meetings and clinical audit programmes.

Summary of findings

- Ensure that staff receive the training and induction required to carry out their roles effectively and safely. Ensure this is monitored by the practice.
- Ensure that a programme of clinical audit that focuses on improving patient outcomes is established.
- Ensure that risks to patients from fire, legionella, infection control and electrical safety are routinely assessed and recommendations implemented.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not formally conducted and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example from the risk of fire, legionella and for electrical safety of the premises.
- The practice had clearly defined systems for safeguarding.
- There were not enough staff to maintain patient safety. There was only one regular GP and one nurse practitioner covering all of the clinical sessions. Arrangements to secure additional GP locum support had not been successful.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- There were gaps training that staff needed to carry out their roles safely and effectively. For example for infection control and basic life support.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- There was a lack of GPs to effectively provide care to the patients registered at the practice.
- Multidisciplinary working was taking place but was informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with appointments always available on the same day. There was no choice for patients to see a female GP, however female nurse practitioners were available.
- Patients were not able to pre-book appointments with the nurse practitioner or GP
- 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.

Are services well-led?

Inadequate

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice sought feedback from patients and had an active patient participation group.
- There was a lack of effective governance arrangements to ensure the assessment of quality of care and delivery of improvements. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- There was no evidence of appraisals or personal development plans for staff.
- The future succession and sustainability of the practice was not secured.

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

Requires improvement

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

- The practice was responsive to the needs of older patients, and offered home visits and on the day appointments.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were above the national averages. The percentage of patients with cancer who had a review within six months of diagnosis was 100% compared to the Clinical Commissioning Group average of 80% and national average of 80%.
- The percentage of older patients who received a seasonal flu vaccination was of 73%.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was to the and national average.

All these patients had a named GP.

Families, children and young people

Requires improvement

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the Clinical Commissioning Group average of 79% and the national average of 80%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a designated information board aimed at families, children and young people.

Working age people (including those recently retired and students)

Requires improvement

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

- The practice offered online services and health promotion and screening that reflects the needs for this age group.
- Extended hours appointments via the walk-in service were offered every Monday until 7pm.
- Pre-bookable appointments with a GP or nurse practitioner were not available.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- A total of 83of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- A total of 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan review in the last 12 months. This was higher than the national average of 88%.
- The practice worked with multi-disciplinary teams in the case management of patients 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. Altogether 238 survey forms were distributed and 110 were returned. This represented approximately 4% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried, compared to a CCG average of 89%, and a national average of 85%.
- 95% described the overall experience of their GP surgery as good, compared to a CCG average of 90%, and a national average of 85%.
- 88% said they would recommend their GP surgery to someone who has just moved to the local area, compared to a CCG average of 84%, and a national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mainly positive about the standard of care received. Patients commented on how caring and helpful staff at the practice were and that they were given the time to discuss concerns adequately during appointments. There were two negative comments relating to the length of time patients had to wait to be seen in the walk-in clinics, however the majority of comments were positive about the walk-in clinic service.

We spoke with seven patients during the inspection. Six patients said they were happy with the care they received and thought staff were approachable, committed and caring. The other patient did not have confidence in the practice but did not want to move because of the good access to appointments. Patients particularly valued the walk-in appointments system.

Durdells Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Durdells Avenue Surgery

Durdells Avenue Surgery is located at Durdells Avenue, Kinson, Dorset BH11 9EH.

Durdells Avenue Surgery is based in a residential area of Kinson, Bournemouth, and is part of NHS Dorset Clinical Commissioning Group (CCG). The surgery is housed in a purpose-built two storey building. Durdells Avenue Surgery provides services under a NHS Personal Medical Services contract to approximately 3000 patients living within the practice boundary. The practice is located in an area of greater deprivation compared to the average for England and has a higher proportion of older patients (more than 65 years of age) compared to the average for England.

The practice has two full-time male GP partners and one part-time female salaried GP, who at the time of our inspection was on a period of extended leave. One of the male GP partners was currently not working in a full clinical capacity and was predominantly carrying out administration duties, such as reviewing pathology results and hospital letters. This GP did carry out some clinical work on an occasional basis, but was not included in any practice rotas. This meant that there was only one GP regularly available, to see patients. The GPs were supported by two nurse practitioners, one of whom was a non-medical prescriber, and a practice nurse. The clinical team are supported by a management team with secretarial and administrative staff. The practice manager was full-time and worked some days away from the practice.

Durdells Avenue Surgery is open between 8.30am and 6.30pm Monday to Friday. Extended hours surgeries are available every Monday evening until 7pm. The practice offers a 'walk-in' clinic, where patients do not have to pre-book appointments, every day from 9am until 11.30am and from 2pm until 4pm Tuesday to Thursday, and 2pm to 5.30pm on Mondays and Fridays. Patients who attend the walk-in clinic are seen in order of arrival, either by the GP or nurse practitioner. Patients are also able to pre-book appointments with the GP or practice nurse. The GP also performs daily home visits to patients who are unable to attend the practice at the end of the morning walk-in clinic.

Durdells Avenue Surgery has opted out of providing out-of-hours services to their own patients and refers them to the Boscombe and Springbourne Health Centre (based in Bournemouth) walk in service at weekends, and the Dorset Urgent Care service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

We visited Durdells Avenue Surgery as part of this inspection, which has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 February 2016. During our visit we:

- Spoke with a range of staff including GPs, the business manager, an assistant practice manager, reception staff, a nurse practitioner and a practice nurse and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. 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. However, when there were unintended or unexpected safety incidents, reviews and investigations were not formally conducted and lessons learned were not communicated widely enough to support improvement.

- We were told on inspection by the practice management that there had been no significant events at the practice in the past 12 months. However, we found that there had in fact been two significant events recorded by staff in January 2016. At the time of inspection, there was no evidence to show that these had been reviewed and discussed by the leadership team and any learning from this disseminated to staff. Prior to January 2016, the last recorded significant event was in 2012.
- There was a protocol for significant events developed in 2009. No review date was set for this protocol. This stated that events would be reviewed in meetings.

  We were told by staff that there was no formal discussion of significant events, incidents or near misses. We were told that discussion took place on an ad hoc basis at the time of the event. There was no formal system in place to ensure any learning from such events had been implemented by staff to prevent the same thing happening again. The practice said that this had occurred due to a shortage of staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs were trained to an appropriate level of safeguarding. Staff demonstrated they understood their responsibilities.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. Nurses acted as chaperones, and had received a Disclosure and Barring Service check (DBS). A DBS check to identifies whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. The practice could not demonstrate that staff had received up to date training in infection control. Annual infection control audits and quarterly checks of the premises were undertaken by the practice nurse. We saw evidence that action was taken to address any improvements identified as a result. For example, an audit in January 2016 identified that tiles needed replacing in one of the clinical areas. We saw evidence that work with contractors was booked to carry this out.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Another nurse was currently undergoing this training. Both nurses received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice nurse kept a record of the number of inadequate smears taken.

Monitoring risks to patients

Risks to patients were not consistently assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practise carried out a risk assessment for in 2011 which identified that the practice should obtain an electrical safety certificate for the building. There was no evidence to show that this had been carried out by the practice. In addition weekly tests of the fire alarms and regular fire drills, including an evacuation of the premises had not occurred, as detailed in the practice policy.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Assessments to monitor risk to patients when on the premises had not been carried out. For example, the practice had not carried out a legionella assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings and cause breathing difficulties). We were told by staff that this had not been conducted due to concerns with cost.
- There was a rota system in place for non-clinical staff which facilitated the learning of different administration roles. This meant that non-clinical staff were able to cover for each other for periods of sickness and absence.
- There were no safeguards in place for patients in the event of the sickness or absence of clinical staff.

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.
- The practice could not demonstrate that clinical staff had received annual training in basic life support. However, we saw that this training was booked for the whole staff in April 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw evidence that this was checked regularly by staff. Emergency equipment we checked was fit for use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff we spoke to knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw evidence that the practice 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice undertook a virtual ward for patients who were at high risk of admission to hospital and attendance at accident and emergency departments to ensure care and treatment was appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 14% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This level of exception reporting was lower than the CCG average of 16%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was to the and national average.
- The percentage of patients with hypertension having regular blood pressure tests was to the CCG and national average.
- Performance for mental health related indicators the CCG and national average.
- The practice had a greater number of patients diagnosed with cancer, compared to the CCG and national averages. The percentage of patients with cancer who had a review within six months of diagnosis was better than the CCG and national average. The practice achieved 100% compared to a CCG and national average of 80%, with 0% exception reporting.

  The practice could not demonstrate that clinical audits demonstrated quality improvement.
- The practice told us there had been four clinical audits in the last two years. Three of these were audits supported by the Clinical Commissioning Group (CCG) and related to the prescribing of medicines. The practice was unable to provide evidence the CCG audits had been conducted, or of the impact these audits had had on patient outcomes.
- We saw evidence that the practice had conducted an audit relating to the prescribing of tramadol (an opiate-based medicine used for pain relief). The aim of this audit was to see if the prescription of this medicine was appropriate. The audit found that 48% of patients were not prescribed an appropriate dose or course of the medicine; this was then duly changed by the practice to an appropriate dose or different medicine. The practice has yet to re-audit this issue to see if improvements have been sustained.

Effective staffing

Staff were experienced and had access to training. The practice did not keep records relating to the training of staff, so could not be reassured that staff had the skills necessary to deliver effective care and treatment.

- The practice had an induction programme for It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not demonstrate how they ensured role-specific training for staff. Training took place on an ad hoc basis. There was no oversight of the training needs and requirements of staff. Nursing staff took responsibility for ensuring they kept up to date with relevant training, for example for managing long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

competence.Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings.

- The learning needs of staff were not systematically identified. For example, there was no system for appraisals, no regular meetings or reviews of practice development needs. Staff had access to appropriate training to meet their learning needs, however this was not monitored by the practice.Staff performance was reviewed on an ad hoc basis. There were no formal appraisals or one-to-one meetings. Nurse practitioners received clinical supervision and support from GPs.
- Staff had access to e-learning training modules, however these were not consistently undertaken by staff or monitored by the practice leadership team.

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.

Supporting patients to live healthier lives

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

- These included , carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and . Patients were then signposted to the relevant service.
- Dietary and smoking cessation advice was available from the practice nurse.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 80%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice nurse kept records of the number of smears which were returned as inadequate and used this information to monitor practice. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates given to under two year olds ranged from 40% to 100 % and for five year olds was 100%.

Flu vaccine rates for the over 65s were 82% and at risk groups 60%. These were above the national averages of 73% for over 65s, and 49% for at risk groups.

Patients had access to appropriate health assessments and checks. The practice nurse conducted health checks for

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.
- 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 31 patient Care Quality Commission comment cards we received, 30 comments 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. Patients particularly liked the walk-in clinic service offered by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The practice had a Patient Participation Group, however members of the group were unavailable to speak with us on the inspection.

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

- 95% said the GP was good at listening to them, compared to the CCG average of 92% and national average of 87%.
- 93% said the GP gave them enough time, compared to the CCG average of 92% and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw, compared to the CCG average of 97% and national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and national average of 86%.
- 96% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 93% and national average of 91%.

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. Patients gave us examples of where they thought staff had been particularly caring. One patient told us how the GP had, on several occasions over their time at the practice, visited their family unprompted to check they had everything they needed as most of the family members were ill. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average 82%.
- 93% say the last nurse they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 88% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Information leaflets on the practice website were also available to patients in 20 different languages.

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

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice used a specific form to help

Good

Are services caring?

identify which patients were also carers. Written information was available to direct carers to the various avenues of support available to them via a specific information board. The practice had a 'carers lead' whose role it was to update resources for carers, liaise with the Clinical Commissioning Group about the needs of carers and to maintain the carers register in the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a personally signed letter. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered extended hours on a Monday evening until 7pm for patients who could not attend during normal opening hours.
- Pre-bookable appointments with a GP or nurse practitioner were not available. Pre- bookable appointments with the practice nurse were available.
- Home visits were available for older patients and patients who would benefit from these. The practice typically conducted two to three home visits per day.
- Same day appointments were available to all patients, via the twice daily walk-in clinics.
- Patients were unable to see a female GP. A female nurse practitioner was available.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

Patients could make appointments in person, via the telephone or on-line. The practice was open between 8.30am and 6.30pm Monday to Friday. The reception and phone lines were open between these times. Extended hours appointments were available every Monday evening until 7pm.

The practice offered a 'walk-in' clinic, where patients do not have to pre-book appointments, every day from 9am until 11.30am and from 2pm until 4pm Tuesday to Thursday, and 2pm to 5.30pm on Mondays and Fridays. Patients who attended the walk-in clinics were seen in order of attendance by either the GP or nurse practitioner, unless they expressed a preference with regard to who they wanted to see. Pre-bookable appointments were available with the practice nurse, but not with the GP or nurse practitioner.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was positive, with the exception of access to the GP they prefer. Survey findings showed:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 53% patients said they always or almost always see or speak to the GP they prefer compared to the CCG of average 69% and national average of 59%.
- 98% said they found the receptionists at the practice helpful, compared to the CCG average of 90% and national average 87%.
- 100% said the last appointment they got was convenient, compared to the CCG average of 94% and national average of 92%.

Patients told us on the day of the inspection that they were always able to see a GP on the same day by using the walk-in clinics. Patients we spoke to felt this was a really positive aspect of the practice.

Listening and learning from concerns and complaints

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

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

The practice stated that it had had received no written complaints in the last 12 months. We were shown 'thank you' cards and letters from patients and carers who were happy with the service offered by the practice. Staff described to us how verbal complaints were handled, and we found these were satisfactorily handled, dealt with sensitivity, openness and transparency. Lessons were learnt from concerns and action was taken to as a result to improve the quality of care. For example, the practice now offers a designated quiet area for patients who become angry or distressed so they can discuss concerns in private without disturbing other patients who are waiting.

Are services well-led?

Inadequate

(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 vision to deliver high quality personalised care for patients. However, we found that:

- There was no forward business plan in place to demonstrate where the practice was doing well and areas it could improve on.
- The two GP partners had been concerned about the future succession of the practice for some time. Attempts to secure additional locums and merge with other practices had been explored but had been unsuccessful.
- The practice had taken steps to mitigate the situation with regard to low staffing levels for GPs by employing two nurse practitioners.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of good quality care. This meant that there were risks to patient safety and missed opportunities to improve patient care because the delivery of care had not been planned or monitored. We found that:

- Risk assessments had not been completed and where they had they had not been implemented. For example, a fire risk assessment undertaken in 2011 had not been acted upon. This exposed patients to risks of harm.
- Staff training had not been planned and completed by all members of staff and was not monitored by the leadership team.
- Staff did not receive regular appraisals.
- There were gaps in training that the practice considered mandatory for staff and a lack of oversight of the training needs and requirements of all staff groups.
- Records were kept for the training of non-clinical staff, however the practice did not have oversight of the training needs of clinical staff. There was a reliance on individual clinicians to identify their training needs and keep up to date.
- There was not a programme of clinical audit to drive up improvement in the practice.
- The practice manager regularly attended meetings with other practice managers in the area and engaged with the CCG forum.
- The lead GP engaged with the CCG and other practices within the area for support and advice.

Leadership and culture

Whilst the partners in the practice had the experience to run the practice and ensure high quality care this had not been delivered upon. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to members of staff. Both a GP partner and salaried GP were on long-term absences, meaning one GP partner was the only GP in the practice. This placed a great deal of hours and responsibility on this partner. The practice had not yet secured arrangements to support this GP; they had been unsuccessful to secure the support of locums.

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.

The future leadership of the practice was uncertain, however staff felt supported by management.

- Staff told us the practice did not hold regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. Patients we spoke to on the inspection were concerned regarding the future of the practice. The practice had not kept patients informed with regard to future plans.

Are services well-led?

Inadequate

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

- The practice had gathered feedback from patients through surveys and any complaints received. We were told that the practice had a patient participation group (PPG), but this met irregularly. Members of the PPG were unavailable to speak to us.
- The practice gathered feedback from staff on an ad hoc basis. There were no regular staff meetings and staff told us that they did not regularly receive appraisals. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

Continuous improvement

The practice did not proactively support continuous improvement and learning. However nursing staff were supported to attend some study days and keep up to date with current practice which led to improvements for patients. For example, following the attendance of the practice nurse at a study day, the management of patients with diabetes at the practice had changed. This meant that medication prescribed for diabetes was within the agreed guidelines for the Clinical Commissioning Group (CCG) and in line with current practice.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users. • They had failed to maintain accurate records relating to the requirements for staff training and development. • Effective systems for clinical audits to promote learning and improvement were not in place. • They had failed to implement recommendations from a fire risk assessment, including regular fire drills and an electrical safety check. • Effective systems to disseminate learning from safety, significant events and new clinical guidelines were not in place. This was in breach of regulation 17 (1) (2)(a)(b)(di,dii)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered provider did not ensure that persons employed received appropriate support, training, professional development, supervision and appraisal as necessary for them to carry out the duties they were employed to perform.

This section is primarily information for the provider

Requirement notices

- Not all staff had received training required for their role such as in infection control, fire safety, and basic life support.
- Not all staff had received appraisals or inductions.

This was in breach of regulation 18 (1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.