

Clinton Road 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Clinton Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clinton Road Surgery on 3 March 2016. Overall the practice is rated as Inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate fire checks and staff training had been undertaken. Actions identified to address concerns with infection control practice had not been taken. Not all staff had received training in basic life support, and the Mental Capacity Act (2005).
- Staff were able to report incidents, near misses and concerns; however there was no evidence of learning and communication with staff.

- Data showed patient outcomes were low compared to the locality and nationally. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Appointment systems were working well so patients received timely care when they needed it.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements

The areas where the provider must make improvements are:

- Ensure systems are put in place to ensure the security and monitoring of prescription forms.

Summary of findings

- Ensure all staff receive training in infection control and the practice must introduce and undertake a comprehensive infection control audit.
- Ensure systems are put in place so that all staff receive up to date training in fire safety and undertake regular fire drills.
- Ensure systems and processes are established and operated effectively to prevent the possible abuse of service users, including providing up to date safeguarding and Mental Capacity Act 2005 training for all staff.
- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from significant events, complaints, audits and service feedback.
- Ensure measures such as clinical audits and re-audits are put in place to improve patient outcomes.
- Ensure more effective governance arrangements are put in place to monitor and improve the quality of services provided to patients.

The areas where the provider should make improvement are:

- Review systems to identify record and support patients who are also carers.

- Review systems for recording verbal complaints to ensure themes are identifiable and appropriateness of responses can be audited.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Inadequate



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, although the practice carried out investigations when there were safety incidents they were not thorough enough, lessons learned were not communicated widely enough and so safety was not improved.
- Patients were at risk of harm because systems and processes had weaknesses and were not implemented in a way to keep them safe.
- Not all staff had received appropriate training in safeguarding vulnerable people.
- The management of medicines at the practice was well organised and in line with requirements; however, prescription forms were not monitored or stored safely.
- The practice was clean and tidy. Staff were familiar with infection control policy and infection a control lead had been identified; however, infection control audits had not been implemented.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework 2014/15 showed patient outcomes were below average for the locality and compared to the national average for some areas and above average in others.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Not all staff had received appropriate training in key areas such as safeguarding vulnerable people, infection control, Mental Capacity and information governance
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- Clinical audits had been undertaken but there was no evidence that audit was driving improvement in performance to improve patient outcomes.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Patients could get information about how to complain. However, there was no evidence that learning from complaints had been shared with staff.

Good



Are services well-led?

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

- 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 this.
- There was a lack of clear leadership structure however; staff said they felt supported by management.

Inadequate



Summary of findings

- The practice had a number of policies and procedures to govern activity but some had been provided by other practices and had not been made practice specific.
- Meetings were held but discussions and decision making processes were not recorded or information shared.
- The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality, ensure an effective training programme was maintained and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice had not proactively sought feedback from staff or patients and did not have an active patient participation group

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, providing flu vaccinations for those visiting the practice and those unable to travel to the practice.
- Every patient at the practice including older patients aged over 75 years had a named GP for continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Inadequate



People with long term conditions

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

- The nurse undertook chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data from the Quality and Outcomes Framework showed that 79.7% of patients diagnosed with chronic obstructive pulmonary disease (COPD) had received an annual health check review within the past 12 months compared with the national average of 89.9%.
- Longer appointments and home visits were available when needed.
- All these patients were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- 92.67% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months compared to the national average of 75.53%
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 77.27 %, this was lower than the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Inadequate



Working age people (including those recently retired and students)

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

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

Inadequate



People whose circumstances may make them vulnerable

- The provider was rated as inadequate for safety and well-led and requires improvement for effective. The issues identified as inadequate overall affected all patients including this

Inadequate



Summary of findings

population group. There were, however, examples of good practice for caring and responsiveness. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 94.59% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was better than the national average of 84.01%.
- 100% of patients diagnosed with mental health issues had received a face to face review within the last 12 months. This was better than the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- A GP worked, alongside a drugs and alcohol counsellor, with patients who had drug and alcohol dependency in the practice to help reduce their opiate dependency levels and improve their wellbeing.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing better than the local and national averages. 241 survey forms were distributed and 107 were returned. This represented almost 2.5% of the practice's patient list. Survey results showed:

- 96.99% of patients found it easy to get through to this practice by phone compared to a national average of 73.26%.
- 92.05% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.06%).
- 91.99% of patients described the overall experience of their GP practice as fairly good or very good (national average 85.05%).

- 86.92% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79.28%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients had written comments which included praise for staff professionalism, kind and caring behaviour and the delivery of a high standard service.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems are put in place to ensure the security and monitoring of prescription forms.
- Ensure all staff receive training in infection control and the practice must introduce and undertake a comprehensive infection control audit.
- Ensure systems are put in place so that all staff receive up to date training in fire safety and undertake regular fire drills.
- Ensure systems and processes are established and operated effectively to prevent the possible abuse of service users, including providing up to date safeguarding and Mental Capacity Act 2005 training for all staff.

- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from significant events, complaints, audits and service feedback.
- Ensure measures such as clinical audits and re-audits are put in place to improve patient outcomes.
- Ensure more effective governance arrangements are put in place to monitor and improve the quality of services provided to patients.

Action the service **SHOULD** take to improve

- Review systems to identify record and support patients who are also carers.
- Review systems for recording verbal complaints to ensure themes are identifiable and appropriateness of responses can be audited.

Clinton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Clinton Road Surgery

The Clinton Road Surgery provides general medical services to people living within Redruth, Camborne and the local area, from Portreath to Lanner, Cusgarne and outlying communities. The practice population was in the fourth decile for deprivation. The lower the decile the more

deprived an area is. The practice population ethnic profile is predominantly White British and amongst the least affluent. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average male life expectancy for the practice area is 79 years which matched the National average of 79 years; female life expectancy is 83 years which also matched the National average of 83 years.

The practice had been through a period of change which had impacted on the staff team. Changes included GPs and the staff support team resulting in a loss of governance knowledge and skills.

At the time of our inspection there were approximately 4,300 patients registered at the practice. There are three GP partners, one male and two female, the whole time equivalent was 2.2. There are also two sessional GPs who

regularly worked 0.25 whole time equivalent hours at the practice. The GPs are supported by a nurse, a healthcare assistant, practice manager and five additional administrative staff.

Patients using the practice also have access to community staff including district nurses, health visitors, midwives, physiotherapists and counsellors.

The practice is open from Monday to Friday, between the hours of 8am and 6pm. Appointments are available between 8:30am to 6pm with extended hours two evenings a week between 6pm and 9pm. GPs also offered patients telephone consultations, and performed home visits where appropriate. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to talk to an Out of Hours service delivered by another provider.

The practice has a General Medical Services (GMS) contract.

The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services.

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

Detailed findings

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 3 March 2016. During our visit we:

- Spoke with a range
- 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice had created a message box where any member of staff could message a problem, this box was monitored by the practice manager, who acted directly where there was something needed, and also collated the reports so they could identify trends. We found that these incidents were not discussed with the whole team and results were given verbally to staff making consistent sharing of information difficult particularly for staff who might have been absent at the time.

When there were safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice did not have sufficient 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 the 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 practice manager could generate a list of patients on the vulnerable patient register however, we noted they did not have a system on patient records to flag where a vulnerable adult or child may be at risk. The clinical team relied on their knowledge of patients meaning locum staff may not be aware where patients were vulnerable. Additionally the system did not make staff aware of relevant issues such as whether there were links with other family members registered at the practice who might make them vulnerable. The GPs always provided reports where necessary for other agencies and attended meetings with the health visitor for children on the protection list. The training matrix provided on the day showed that most staff had not completed training in safeguarding adults and children. However, the GPs were trained to Safeguarding level three.
- A notice in the consulting rooms advised patients that chaperones were available if required. Not all the staff who acted as chaperones were trained for the role and not all staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place. However, there were gaps in systems to reduce the risk of cross infection to patients. For example, records showed that no infection control training for staff had taken place at the practice, and infection control audits had not been carried out in line with current guidance.
- Blank prescription forms for use in printers, and also pre-printed prescription forms were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.
- 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. Not all staff had checks through the Disclosure and Barring Service and no risk assessment for this had been completed. The practice could therefore not assure themselves that all staff were safe to be left alone with patients.

Monitoring risks to patients

Are services safe?

- There was no risk log in place but the practice manager asked the staff to inform him if they identified trip hazards, etc. There were procedures in place for monitoring and managing risks to patient and staff safety. However the policies were not up to date, the health and safety policy provided to us was dated in 2011, and the risk assessment was dated 2012. The practice did not have fire risk assessments and regular fire drills had not been carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice did not have up to date risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health, which had been last updated in 2013. There was no assessment of risk in respect of infection control or Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used locum administrative staff and GPs to cover staff absences.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- Not all the staff had received annual basic life support training, records seen showed only the nurse had completed the training. There were emergency medicines available in the treatment room.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, this had not been updated since 2014. However, the practice manager was unsure if the GPs had a copy, whether a copy was held off site or if GPs could access the plan remotely via a computer. The plan included emergency contact numbers for staff.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's 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 90.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed the practice was below national averages in some areas, for example;

- Performance for diabetes related indicators was 75.3% which was lower than the national average 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 79.17% which was below the national average of 83.65%

The practice had recognised that the diabetic outcomes in the previous year were low at 61.4% and had focussed on improving services for patients by working with the diabetes specialist nurse to improve access to appointments and provide patient education about self-management of diabetes.

- Performance for mental health related indicators was 98.25% which was better than the national average of 94.1%

There were areas where 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) were higher than average for example:

- The exception rate for heart failure related indicators was 22.6% which was higher than the Clinical Commissioning Group (CCG) of 11.8% and the national average of 9.3%; and
- The exception rate for contraception was 18.2% which was higher than the CCG average of 1.8% and the national average of 3.1%.

The GPs were unable to give a rationale for these exception rates and did not have improvement to these figures as part of their business plan or governance processes.

Clinical audits

There was not a systematic programme of audits in place which placed improved patient outcomes at the heart of the process. There had been four clinical audits carried out in the last two years, not all had been completed or had a repeat cycle to measure service improvement. A defined programme of audits was not in place. We were shown four audits that had been carried out by GPs in the past year; these were for subcutaneous contraceptive implants, minor surgery, intrauterine contraceptive device (IUCD) insertions, and an anti-coagulant (blood thinning medicine) audit. One audit, for minor surgery, where a repeat cycle had been completed demonstrated that at the first audit there had been no complications from post wound infections and all patients had signed a consent form prior to the procedure. The repeat audit demonstrated the same results. We were told that findings from these audits were discussed at the weekly meeting although we could not see evidence of these discussions in the minutes of the meetings provided to us.

Effective staffing

Staff, particularly non-clinical staff, did not have all the skills, knowledge and experience to deliver effective care and treatment. Aspects of staff training needed improving, for example;

- Training records given to us at inspection showed gaps in training for most staff. We saw, not all the staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- Mental Capacity Act training had not been provided to all staff, which may result in staff not seeking appropriate consent from patients or failing to act in

Are services effective?

(for example, treatment is effective)

their best interests. The clinical staff we spoke with were able to describe the actions they would take to ensure a patient's best interests were taken into account and recorded.

- Learning opportunities were available to staff however there were no robust systems in place to ensure staff accessed appropriate training to meet their learning needs and to cover the scope of their work. Governance systems were not effective in identifying where training updates had not been completed, such as basic life support and safeguarding training.
- We were told that time was going to be set aside for staff to complete further training.
- We were told all new members of staff were taken through normal health and safety procedures; they were introduced to all staff and then given time to shadow an established member of the team.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme. These staff 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 with the GPs.
- We noted staff had access to e-learning training modules and in-house training.
- Ongoing support during sessions and appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs was available. The nurse received clinical supervision from a neighbouring practice. All staff had received an appraisal within the last 12 months.

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 said they 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice nurse and healthcare assistant.

The practice's uptake for the cervical screening programme was 77.27%, which was comparable to the national average of 81.83%. 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.

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for females being screened for breast cancer within six months of invitation was 38.9% which was lower than the CCG average of 77.4% and the national average of 73.2%. The patient uptake for bowel screening was 54% compared to the CCG average of 59.3% and the national average of 55.4%.

Childhood immunisation rates for the vaccinations given were comparable to the Clinical Commissioning Group averages. For example, childhood immunisation rates for

the vaccinations given to under two year olds ranged from 77.8% to 91.7% (CCG averages of 78.6% to 93.4%) and five year olds from 83.8% to 89.2%. (CCG averages of 88.6% to 92.8%)

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 if requested. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Eight 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.

Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92.3% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.7% and national average of 88.6%.
- 91% of patients said the GP gave them enough time (CCG average 91.4%, national average 86.6%).
- 96.1% of patients said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%)
- 90.41% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85.1%).

- 95.2% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90.4%).
- 98.9% of patients said they found the receptionists at the practice helpful (CCG average 90.4%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 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:

- 93.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90.7% and national average of 86%.
- 85.2% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average of 88% and the national average 81.61%)
- 92.44% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average of 93% and the national average 85.05%)

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

Patient and carer support to cope emotionally with care and treatment

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

The practice did not have a carers register, carers champion and carers were not flagged up on their notes. However, the practice had identified 1.4% of patients as carers for their Quality and Outcomes Framework (QOF) return. Written information was available in the waiting areas to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:-

- The practice offered a 'Commuter's Clinic' on a Wednesday or Thursday evening until 9pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A hearing loop and translation services were available.
- The practice had a stair lift to assist patients with poor mobility to access the first floor consulting room.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, providing flu vaccinations for those visiting the practice and those unable to travel to the practice.
- All patients with long term conditions were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 working age patients and other patient groups. For example, travel vaccinations, extended hours appointments and telephone consultations.

Access to the service

The information on the practice website differed from the times that we were given during the inspection. The practice was open between 8am and 6pm Monday to Friday. Appointments were from 9am to 11:30am every morning and 2pm to 5:30pm daily. Extended practice hours were offered two evenings a week between 6:30pm and 9pm. In addition to pre-bookable appointments that could be booked three weeks in advance, urgent appointments were also available for patients that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 79% and the national average of 78.3%.
- 97% of patients said they could get through easily to the practice by phone (CCG average of 81% and the national average of 73.26%).
- 74% of patients said they always or almost always see or speak to the GP they prefer (CCG average 68% national average 59%).

The practice manager told us that the appointment system was being constantly reviewed to ensure that patients had the best access possible.

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

Listening and learning from concerns and complaints

The practice did not have a complaints policy; brief details on how to make a complaint were in the practice leaflet and on the practices website.

The practice manager was the designated person responsible for receiving complaints; we were told that the practice had received one verbal complaint over the past 12 months. We noted the practice had received positive comments from patients on their NHS Choices website, however, the practice had not acknowledged or responded to these.

Are services responsive to people's needs? (for example, to feedback?)

We were also told the practice had received two other telephone 'complaints' throughout the year. These were not recorded as official complaints because they were dealt with by way of a telephone conversation with an explanation.

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 care and promote good outcomes for patients. However there were no detailed or realistic plans to achieve the vision values and strategy.

- The practice had a mission statement. Their aim was to work together to provide high quality, safe and effective healthcare to their local population. They aimed to do this in a friendly, fair, respectful and equitable way, prioritizing patient's individuality and working with them to achieve the best possible health outcomes.
- The practice had a business plan to support the vision however; this had not been reviewed for two years and was not proactive in considering possible future patient list expansion in line with probable local service changes.

Governance arrangements

The delivery of high-quality care was not assured by the leadership and governance in place. The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care.

Areas of governance which were less well managed and required reviewing were for example;

- Recruitment and chaperone processes did not follow safe procedures Disclosure and Barring Service checks or risk assessments for some staff had not been completed.
- Aspects of the medicines management were not robust for example, prescription security and monitoring.
- Governance arrangements to produce, review and promote practice specific policies were not in place; we saw policies provided from another practice which referred to GPs in the other practices which could lead to confusion in reporting concerns or incidents. Practice specific policies had not been routinely reviewed or updated.
- Training was not monitored effectively to ensure all staff had completed basic learning or annual updates placing patients at risk of harm

- There was no programme of continuous clinical and internal audit to monitor quality or make improvements, making monitoring patient outcomes difficult
- Arrangements for identifying, recording and managing risks, and implementing mitigating actions were not in place, particularly around alerting clinical staff about patient safety concerns and staff awareness of patients' mental capacity, fire procedures and maintaining a safe environment.
- Arrangements to gather feedback from patients for example, through a patient participation group, to improve the services provided and the practice environment were not in place.
- Governance arrangements to support the meetings which took place and the actions identified were not robust, this may affect how information was shared amongst staff not attending meetings.

Leadership and culture

The partners in the practice had the capability to run the practice but lacked the capacity to ensure high quality care was being provided by all staff. They aspired to provide safe, high quality and compassionate care but poor governance procedures restricted their ability to provide this. Staff said the partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents the practice gave affected patients reasonable support, truthful information and a verbal apology

There were some structures and procedures in place which ensured that staff were aware of their own roles and responsibilities and staff said they felt supported by management.

- Staff told us the practice held regular team meetings. However, evidence provided to us showed two had been held in the past year.

Are services well-led?

Inadequate



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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in informal discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice gained feedback from patients, the public and staff through the national GP survey and the friends and family test.

- The practice did not have a patient participation group (PPG (these are required under the current GP

contracts)) and was in the process of forming one. They had identified and invited patients who want to be involved to form a group. They were currently, through their website seeking more members.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Although the practice aspired to have a focus on continuous learning and improvement at all levels within the practice they were unable to provide us with evidence of what they had done or how they planned to achieve this.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Blank prescription forms for use in printers, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.
Maternity and midwifery services	12 (1)(2) (g) The proper and safe management of medicines
Surgical procedures	Risk assessments were not completed or in place to ensure the practice could reassure patient all their staff were safe to support them for example through Disclosure and Barring service checks and through appropriate chaperone training.
Treatment of disease, disorder or injury	12 (1)(2) (a) Assessing the risks to the health and safety of service users
	Risk assessments were not in place for all staff in roles deemed not to need a Disclosure and Barring (DBS) checks.
	Staff undertaking chaperone duties must have received DBS checks
	12 (1)(2) (c) Ensuring that persons providing care and treatment have the qualifications, competence and skill

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Family planning services	Services users must be protected from abuse and improper treatment in accordance with this regulation.
Maternity and midwifery services	Systems and processes must be established and operated effectively to prevent abuse to service users.
Surgical procedures	How the regulation was not being met
Treatment of disease, disorder or injury	

Requirement notices

Regulation 13 (1) (2)

- Not all staff had received up to date training in safeguarding adults and children or the Mental Capacity Act 2005

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider should assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

How the regulation was not being met:

17 (1)(2)(b)

- Risk assessments or audits had not been carried out in respect of fire, infection control, legionella and the practice environment.
- No system was in place to ensure electrical inspections had been carried out

The Business continuity plan was out of date and not easily accessible to staff.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18(1)(2)(a)

How the regulation was not being met:

Some staff had not received training in infection control, to enable them to undertake their responsibilities safely and to an appropriate standard. In addition

This section is primarily information for the provider

Requirement notices

- Staff had not received training in fire awareness and procedure.
- Staff had not all received training in basic life support.