Kings Road Medical Centre (Eastcote 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?	Requires improvement
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 Kings Road Medical Centre on 17 December 2015. 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, when reviewing the electronic document management system, we observed that one GP had 293 letters outstanding since 4 October 2015. There was no systematic process or support mechanism to ensure that clinical information was reviewed in a timely manner.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Appointment systems were not working well so patients did not receive 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:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are sufficient staff available to meet demand and keep patients safe.
- Ensure there are systems that support staff with appraisals, supervision and training.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure there is a programme of quality improvement such as clinical audits including re-audits to drive improvements in outcomes for patients.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure safe and proper storage of patients records to maintain information governance processes.

The areas where the provider should make improvement are:

- Improve processes for making appointments.
- Ensure the PPG is established to represent patients in the way services are delivered.
- Ensure carers are identified and enabled to access support and information.

I am placing this practice in special measures. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into 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 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..

Special measures will give people who use the practice the reassurance that the care they get should improve.

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?

Inadequate

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

- Staff were not clear about reporting incidents, near misses and concerns. The practice did not demonstrate that they carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. We found that in the preceding twelve months, three significant events had been recorded but there was no evidence to demonstrate that these events had been discussed at practice meetings or that lessons learned had been used to improve the service. People who complained did not always receive a written response.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, when reviewing the electronic document management system, we observed that one GP had 293 letters outstanding since 4 October 2015. There was no systematic process or support mechanism to ensure that clinical information was reviewed in a timely manner.
- Patients were also at risk as systems to assess, monitor and mitigate risks were not embedded within the practice. A risk assessment for Legionella had been carried out in January 2015 but there was no evidence that any of the action points had been followed up. A fire risk assessment had been carried out in December 2015 but there was no evidence of regular testing of alarms or evacuation drills in the preceding twelve months.
- Recruitment arrangements did not include all necessary employment checks for staff in that there were no Disclosure and Barring (DBS) checks for some non-clinical staff who acted as chaperones. Where DBS checks had not been carried out on staff, including those who acted as chaperones, this had not been risk assessed.

There were not enough staff to keep patients safe. For instance, the provider told us that whilst one GP was on annual leave for a four week period between December 2014 and January 2015, only 23 of 43 (53%) sessions were covered. Staff told us that as a result of this reduced resource, some patients were only provided with 5 minute consultations.

Summary of findings

Are services effective?

Requires improvement

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

- Data showed patient outcomes were average compared with other local practices.
- Knowledge of and reference to national guidelines were inconsistent. Whilst clinical staff were able to demonstrate knowledge of guidelines, there was no formal system to share information about new clinical guidelines produced by the National Institute for Health and Care (NICE).
- There was no evidence that audit was driving improvement in performance to improve patient outcomes. Clinical audits were not used routinely to monitor the quality of the service and practice; there was no evidence of two audit cycles having been completed.
- Multidisciplinary team working was taking place, but was generally informal and record keeping was limited or absent.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required. More than one member of staff had not had an appraisal in the preceding twelve months.

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.
- 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?

Requires improvement

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

- Although practice staff reviewed the needs of its local population by attending meetings of the Joint Strategic Needs

Summary of findings

Assessment and Clinical Commissioning Group there was limited evidence to demonstrate any outcomes from these meetings or that plans had been put in place to secure improvements for the practice population.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients we spoke with on the day told us that they regularly experienced long delays without explanation. This view aligned with data from the GP Survey published on 2 July 2015.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, no complaints were recorded for the twelve month period from October 2014 to October 2015 and there was no evidence that learning from complaints had been shared with staff. There was no information on display of any action taken following complaints or feedback from patients.

Are services well-led?

Inadequate

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

- The practice did not have a clear vision about the delivery of high quality care and promoting good outcomes for patients and there was no strategy in place to deliver this.
- The practice did not have an overarching governance framework to support the delivery of high quality care and good outcomes for patients. We found the GP partners did not demonstrate the capability to run the practice and ensure high quality care.
- We saw no evidence that when there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology; and kept written records of verbal interactions as well as written correspondence.
- The practice had a patient participation group (PPG) however this group was not active and there had been no meetings held for over one year.

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

Inadequate

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

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

- The practice had cancelled a significant number of sessions due to GP absence.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people had a named and accountable GP who was responsible for their care and treatment.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The data for both 2013/14 showed that the practice performed well for the uptake of seasonal flu vaccinations for people aged 65 years and over.
- The practice told us that they worked with local multidisciplinary groups to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care. We saw evidence of patients being discussed at these meetings.

People with long term conditions

Inadequate

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

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

- The practice did not have a programme of quality improvement such as clinical audits including re-audits to drive improvements in outcomes for patients.

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register who had influenza immunisation in the preceding 1 August to 31 March was 98% compared to the national average of 94%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Dedicated clinics for long-term conditions were available and patients were able to make appointments to be seen at a time of their convenience.

Families, children and young people

Inadequate

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

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

- 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.
- The percentage of patients with asthma, on the register, who have had an asthma

  review in the preceding 12 months that includes an assessment of asthma control

was 70% compared to a national average of 75%.

- 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 percentage of female patients aged 25-64 attending cervical screening within target period was 64% compared to the CCG average of 66%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

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

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

- The patient participation group was not established to represent patients in the way services were delivered.
- 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.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.
- All GPs had undertaken a training course in telephone triage. This helped some working age patients avoid making unnecessary appointments.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group. Nationally reported data showed that the percentage of patients taking part in screening programmes was comparable to or better than CCG averages.

People whose circumstances may make them vulnerable

Inadequate

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

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

- There was no systematic process or support mechanism in place to ensure that clinical information was reviewed in a timely manner.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. We observed a member of staff assist a patient with a learning disability by suggesting they take advantage of a double appointment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. We saw evidence of close working between the practice and the CCG to secure improvements in the care of 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)

Inadequate 

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

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

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  93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- Staff had a good understanding of how to support people 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 2 July 2015. The results showed the practice was performing in line with local and national averages. 301 survey forms were distributed and 109 were returned.

- 92% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 86% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 66% described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 46% usually waited 15 minutes or less after their appointment time to be seen (CCG average 51%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards all of which had something positive to say about the standard of care received. Several comments referred to the friendly and helpful nature of staff and to the listening and caring nature of the GPs. There was no significant theme from the less positive comments. `

We spoke with 13 patients during the inspection. All 13 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are sufficient staff available to meet demand and keep patients safe.
- Ensure there are systems that support staff with appraisals, supervision and training.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure there is a programme of quality improvement such as clinical audits including re-audits to drive improvements in outcomes for patients.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure safe and proper storage of patients records to maintain information governance processes.

Action the service SHOULD take to improve

- Improve processes for making appointments.
- Ensure the PPG is established to represent patients in the way services are delivered.
- Ensure carers are identified and enabled to access support and information.

Kings Road Medical Centre (Eastcote 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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Kings Road Medical Centre (Eastcote Surgery)

Kings Road Medical Centre and Eastcote Surgery provide GP primary medical services to approximately 7000 patients living in the London Boroughs of Harrow and Hillingdon. Kings Road Medical Centre consists of a main practice and a branch. The practices share a patient list and are separated by approximately a 9 minute drive or a 25 minute commute on public transport.

Patients registered at the practice are from a number of different ethnic backgrounds and a significant proportion of the patients speak English as a second language. The practice team consists of two male GP partners, one female GP partner and one female salaried GP, two practice nurses, two healthcare assistants and one trainee healthcare assistant who also works as a receptionist, a part time phlebotomist, a practice manager, an assistant practice manager, and ten administrative staff.

The salaried GP works one and a half days per week (4 sessions), one male partner works two and a half days per week (5 sessions), and the second male partner and the female partner work full time (18 sessions). Sessions at the branch surgery are covered by GPs on a rota basis.

Opening hours at the main practice are 9am – 12 noon and 2pm – 6pm weekdays except Thursday when the surgery closes at 12.30pm. Extended hours are available on Mondays from 6.30pm - 8.30pm. These appointments are bookable on the day. The branch opening hours are between 9am - 12 noon and 2.00pm - 6.00pm weekdays except Wednesday when the surgery closes at 12 noon.

Telephone access is available from 9am until 6:30pm daily at both surgeries and home visits are provided for patients who are housebound or bedridden. Doctors and nurses provide advice over the telephone to patients who have made that request via the reception team.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).The practice has opted out of providing out of hours (OOH) services to their own patients and refers patients to the '111' service for healthcare advice when the surgery is closed. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, maternity and midwifery services, surgical

procedures, treatment of disease, disorder or injury. The practice provides a range of services including child development checks, children's immunisations, adult immunisations, travel advice, maternity care, family planning, cervical smears and healthy lifestyle advice.

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

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

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was no effective system in place for reporting and recording significant events.

- There was no evidence of significant event analysis (SEA) over time. There was no named individual with oversight of the SEA process.
- Staff were unable to demonstrate an understanding of their role in reporting of significant events and actions to be taken in response to the events.
- The practice was unable to demonstrate that national patient safety alerts and other safety guidance such as Medicines and Health Regulatory Agency alerts were disseminated within the practice in a formal way and there was no system to record that these had been appropriately dealt with.

We requested evidence of significant events and were provided with two events that had been reported. However, we were unable to verify when these had occurred as the documentation was undated.

Overview of safety systems and processes

The practice had some systems, processes and practices to keep patients safe and safeguarded from abuse, however new policies and procedures were in the process of being implemented and were not embedded in practice.

- There were some arrangements in place to manage and review risks to vulnerable children, young people and adults. The practice had appointed a GP partner as the dedicated lead for safeguarding vulnerable adults and children. The safeguarding lead, nurses and one other GP partner had been trained to Level 3 child protection training in accordance with national guidance to fulfil this role. There was no evidence that the third GP partner or the salaried GP had received Level 3 training. A review of training records confirmed that reception and administration staff had received safeguarding training to an appropriate level. Staff were able to describe how they would manage and report safeguarding concerns. Staff followed local safeguarding guidelines which were accessible on consulting room notice boards and in reception.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. This notice was not placed in consulting rooms. Staff training record showed that not everyone who acted as a chaperone had been trained to do so and there were inconsistencies in verbal feedback regarding the type of training received.
- Disclosure and barring checks (DBS) had not been carried out on all staff, including some who acted as chaperones. There was no evidence of a risk assessment having taken place to mitigate the risk to patients. (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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use although sequential numbers were not always recorded for monitoring purposes.
- Patient Group Directions had been adopted by the practice to allow nurses 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 vaccinations.
- There was a process in place to ensure that medicines were kept at the required temperature. We saw that checks of fridge temperatures were carried out twice daily and recorded.
- We reviewed five personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, references had not

been taken for one member of staff, and the pre-employment checklist a system the practice used that ensured adherence to the recruitment policy had not been completed for another. The personnel files did not meet Schedule 3 requirements.

Monitoring risks to patients

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.

- There was a health and safety policy available with a poster in the reception office, however, there was no sign stating that compressed gas (oxygen) was stored in the reception area.
- The practice had up to date fire risk assessments and had named fire marshals. However, there was no regular fire drills carried out and there was no record of recent tests of the fire alarm.
- 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- A legionella risk assessment had been carried out in January 2015. An action plan was produced but, there was no record of the actions points being completed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Some staff had been trained to fulfil multiple roles and the practice utilised this flexibility during busy periods. For instance one of the healthcare assistants was trained as a receptionist and one of the receptionists was training to be a healthcare assistant.
- The practice told us that a significant number of sessions were cancelled due to GP absence. For instance, between December 2014 and January 2015 when one GP was on leave, 23 out of 43 sessions (53%) were not covered by any other arrangements.
- When reviewing the electronic document management system we observed that one GP partner had 293 letters outstanding since 4 October 2015. There was no systematic process or support mechanism in place to ensure that clinical information was reviewed in a timely manner. However we saw action was taken immediately to review the outstanding letters and the number had been reduced to 60 by the end of the inspection.
- There were dual messaging systems utilised in the practice. Messages for the GPs to review were either paper based or accessed on the practice's electronic system. There was no systematic process in place to ensure that GPs who used the paper based system had actually received or acted on messages. We reviewed two message books and found three entries in one message book dated from 11 December that had not been actioned.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency but this was not used by all GPs
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and had children's pads but did not have adult pads available. The main practice had oxygen with adult and children's masks.
- There was no system in place to ensure that a named member of staff was responsible for checking and ordering oxygen cylinders. We found that the oxygen cylinder at the branch surgery was empty and there was no record of when the cylinder had last been checked or a replacement ordered. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice could not demonstrate that business continuity plan was in place for major incidents such as power failure or building damage.

Requires improvement

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 some systems in place to keep all clinical staff up to date but these were not applied consistently. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 31 March 2015 showed;

- Performance for diabetes related indicators was similar to the national average. For instance, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 78% compared to the national average of 78%
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the national average of 90%.
- Performance for mental health related indicators was similar to national average.The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to the national average of 89%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% compared to the national average of 86%.
- The practice used QOF data for patients with long term conditions and cancer diagnosis. There was close liaison with the palliative care team to coordinate care and to monitor and review patient outcomes.
- The practice could not evidence that audits had been undertaken in the preceding two years. Evidence provided by the practice consisted of reviews of clinical data rather than a completed audit cycle.
- The practice participated in applicable local audits and peer review. We saw evidence of a CCG led review of dementia care and referrals.
- The practice had employed a nurse with specific diabetic skills to improve the measured outcomes for diabetic patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, we reviewed the records of three non-clinical members of staff and found that records for newer staff did not contain reference to the induction process.
- The practice could demonstrate how they ensured role-specific training and updating for all clinical staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. However, training records were incomplete and information about training received during conversations with staff was not always consistent with written records.

Coordinating patient care and information sharing

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

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 people to other services.

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However, we observed large numbers of patient records stored in cardboard boxes in an open area behind the reception desk with smaller numbers under the practice manager's desk and in the administration office. Staff explained that these records had been transferred from a neighbouring practice whilst that practice was in a transitional period. There was no methodical filing system in place for these records and staff had no systematic way of locating a particular record when necessary. The section of the reception area in which the records were being stored was not secure and records were not locked away when the premises was closed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We examined three patient records and saw that verbal consent had been noted in each of the records.

- < >taff 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national 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.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 64% which was comparable to the CCG average of 66% and lower than the national average of 74%. There was a policy to offer

Requires improvement

Are services effective?

(for example, treatment is effective)

telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 51% to 87% and five year olds from 82% to 97%. Flu vaccination rates for the over 65s were 71%, and at risk groups 49%. These were also comparable to the national average.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

Of the 22 patient CQC comment cards we received, all included something positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect.

The practice does not currently have a functioning patient participation group. We spoke to a patient who had been a member of the patient participation group (PPG) some years previously. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 83%, national average 89%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 82, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

The majority of patients told us that they felt involved in decision making about the care and treatment they received. Most 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:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)

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.

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. For example, information about mental health and bereavement services.The practice was taking steps to identify carers and provide information and signpost carers to additional support and information. There was an information folder available for patients to access in the waiting area.

Good

Are services caring?

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

Staff told us of an occasion when a GP on returning from holiday, went directly to a bereaved family before going home. Staff told us this was typical of the caring attitude of this GP.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The main practice was open between 9am – 12 noon and 2pm – 6pm weekdays except Thursday when the surgery closed at 12.30pm. The branch opening hours were between 9am - 12 noon and 2.00pm - 6.00pm weekdays except Wednesday when the surgery closed at 12 noon.

Extended hours surgeries were offered at the main practice only on Mondays from 6pm to 8:30om These appointments were bookable in advance. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in most but not all areas. Most people told us on the day that they were able to get appointments when they needed them.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 58% patients said they could get through easily to the surgery by phone (national average 73%).
- 66% patients described their experience of making an appointment as good (CCG average 66%, national average 73%.
- 46% patients said they usually waited 15 minutes or less after their appointment time (CCG average 51%, national average 65%).

We found that there was a lack of clarity about the full extent of the practices out of hours arrangements. Practice staff were unsure about whether suitable arrangements were in place for the period between 8am and 9am when the surgery opened. Many patients we spoke to on the day were also unsure of how to access out of hours care.

Listening and learning from concerns and complaints

The practice had a complaints policy and procedure but were unable to demonstrate that the procedure was being consistently followed.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Until the recent appointment of a new practice manager, there was no designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.A poster explaining the complaints procedure was displayed in the waiting area and many people we spoke with were aware of the complaints system.

The practice was unable to provide evidence that complaints had been handled in accordance with procedures. The practice manager submitted a short narrative description outlining three complaints which had been received but could not provide a record to show when these had been received or how they had been managed at the time.

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 did not have a clear vision about the delivery of high quality care and promoting good outcomes for patients and there was no strategy in place to deliver this.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of high quality care and good outcomes for patients.

- The staffing structure was unclear. GP partners did not have clearly defined roles and responsibilities in managing the practice.
- The nursing staff were not supervised and supported effectively.
- Policies were not appropriately reviewed. We found evidence of some policies which were not dated upon development and some had not been reviewed in over three years.
- The senior members of the practice team did not have a comprehensive understanding of the performance of the practice.
- There was no programme of continuous clinical and internal audit which was used to monitor quality and to make improvements within the practice.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust and there was no evidence of any risk assessments undertaken.

Leadership and culture

We found the GP partners did not demonstrate the capability to run the practice and ensure high quality care. The practice did not prioritise safe care.

We were not assured the provider was aware of and complied with the requirements of the Duty of Candour. The practice did not have a robust system in place for knowing about notifiable safety incidents.

We saw no evidence that when there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology; and kept written records of verbal interactions as well as written correspondence.

There was no clear leadership structure in place and staff were unclear who the designated leads within the practice were for various roles.

- Staff told us the practice did not hold regular team meetings and issues were often discussed on an ad-hoc basis.
- Some staff told us they did not feel confident to raise issues and were not supported to report concerns.

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

The practice was not proactive in seeking feedback from patients, the public and staff.

- The practice had a patient participation group (PPG) however, this group was not active and there had been no meetings held for over one year.
- Appraisals were not undertaken for all members of staff and some of those that were recorded were incomplete.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • We found that the registered person had not protected patients against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. Significant events were not being recorded appropriately or learning shared with staff. • The registered person had not ensured that all staff providing chaperone services to patients, had received the appropriate training to do so. Not all staff acting as chaperones had been subjected to the appropriate DBS checks. • Ensure that there is a systematic process to review the ordering and monitoring of oxygen cylinders to provide sufficient quantities. This was in breach of regulation 12(1)(2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to carrying on the regulated activity. They had failed to:

This section is primarily information for the provider

Requirement notices

- Ensure there was a designated person to oversee the complaints process. There was no system in place to provide a record of when complaints had been received or how they had been managed.

This was in breach of regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to: • Ensure there is an effective system in place for the receipt and distribution of safety alerts to all staff. • Undertake a programme of clinical audits and re-audits to drive improvement. • Ensure privacy of patient information by ensuring confidential medical records were securely locked away. Systems were not in place to maintain information governance processes. • Ensure there were systematic processes in place to review clinical information in a timely manner. • Ensure staff have access to appropriate policies to carry out their roles in a safe and effective way. This was in breach of regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The provider did not ensure there were sufficient staff available to meet demand and keep patients safe.

The provider did not ensure that persons employed received such appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties.

18 (1) (2) (a)