Bruce Grove Primary Health Care Centre

Quality Report

461-463 High Road
Tottenham
N17 6QB
Tel: 020 8808 4710
Website: www.drpalandpartners.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bruce Grove Primary Healthcare Centre on 17 November 2014. Overall the practice is rated as good.

Specifically, we found the practice as good for providing effective, caring, responsive and well-led services. It required improvement for providing a safe service. It also required improvement for providing services for the care of older people, those with long term conditions, working age people (including those recently retired and students), families, children and young people and those whose circumstances make them vulnerable. The practice was rated as good for providing services to people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Data showed patient outcomes were average for the locality. Some audits had been carried out, and there was some evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Information about services and how to make a complaint was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. However patients said they sometimes had to wait a long time for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity. These were over five years old and had not been reviewed.
- The practice had not proactively sought feedback from patients.

The areas where the provider must make improvements are:

- Ensure all staff acting as chaperones have a Disclosure and Barring Service (DBS) check.

Summary of findings

- Ensure that all necessary emergency medicines as per current guidance are available.
- Ensure portable appliance testing (PAT) is undertaken immediately and periodically;

In addition the provider should:

- Ensure an infection control audit is undertaken to monitor cleaning standards;
- Ensure Legionella testing or a risk assessment is undertaken;
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have one on-site.
- Ensure multidisciplinary meetings are carried out on a more formal basis and a written record is taken;
- Develop care plans for patients on the older persons register;
- Improve service availability for the working age population;
- Provide a system of patient feedback including the formation of a patient participation group (PPG);
- Update all policies and procedures as necessary.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns and to report incidents. Incidents were recorded and outcomes discussed in practice meetings to support learning and improvement.

Systems were in place to manage medicines, prescribing and infection control. However we found that there was a failure in the practice system for checking emergency medicines, and we found essential emergency medicines were missing.

The practice had carried out the necessary recruitment checks and staff were appropriately qualified.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. Further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. However this was often on an informal basis and not always documented.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, being treated with compassion, dignity and respect and being involved in the decisions about their care and treatment. Information to help patients understand services was available. We saw that staff treated patients with kindness and respect. The practice maintained patient confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing a responsive service. Although the practice had reviewed the needs of the local population, it had not put in place a comprehensive plan to secure improvements for all areas identified. Patients reported that there were delays in obtaining an appointment and that access to a

Summary of findings

named GP and continuity of care was not available quickly. Urgent appointments were available the same day. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. There was evidence that learning from complaints had been shared with staff.

Are services well-led?

Good

The practice is rated as good for being well led. It had a vision and a strategy which was discussed at practice meetings and away days. There was a documented leadership structure and staff felt supported by the management and knew who to approach with issues. The practice had a number of policies and procedures to govern activity, but these were overdue a review. The practice did not proactively seek feedback from patients and there was currently no patient participation group (PPG) in place. Staff had received inductions and annual performance reviews. Staff attended monthly practice meetings and used this as an outlet to provide feedback.

Summary of findings

What people who use the service say

During our inspection we spoke with 15 patients at the practice. Care Quality Commission comment cards were not available for review as the practice had not received them prior to the inspection visit.

Patients were happy with the service provided and said that they were treated with respect and were well cared for. The main concerns raised by patients was regarding difficulties booking appointments and that they were unaware of the practice out of hour's provision.

We viewed the NHS England national GP patient survey 2014 and found that 82% of patients that completed the survey found the overall experience good. The practice scored particularly well in staff involving patients in decisions about their care (71%) which was higher than the Clinical Commissioning Group (CCG) average of 60%, and 74% said that the nurse was good at explaining test results, which was also above the CCG average of 68%. Areas where the practice had poorer scores included patients being able to get an appointment to speak to someone last time they tried (71%) which was below the CCG average of 81%. 43% of patients with a preferred GP usually got to speak or see that GP which was also below the CCG average of 52%. The practice had not undertaken its own patient questionnaire to compare results with the national survey.

Areas for improvement

Action the service MUST take to improve

- Ensure all staff acting as chaperones have a Disclosure and Barring Service (DBS) check.
- Ensure that all necessary emergency medicines as per current guidance are available.
- Ensure portable appliance testing (PAT) is undertaken immediately and periodically;

Action the service SHOULD take to improve

- Ensure an infection control audit is undertaken to monitor cleaning standards;
- Ensure Legionella testing or a risk assessment is undertaken;
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have one on-site.
- Ensure multidisciplinary meetings are carried out on a more formal basis and a written record is taken;
- Develop care plans for patients on the older persons register;
- Improve service availability for the working age population;
- Provide a system of patient feedback including the formation of a patient participation group (PPG);
- Update all policies and procedures as necessary.

Bruce Grove Primary Health Care Centre

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 and a practice manager. Specialist advisors are granted the same authority to enter registered persons' premises as the CQC inspector.

Background to Bruce Grove Primary Health Care Centre

Bruce Grove Primary Medical Centre is located in the London Borough of Haringey. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 51 practices. It currently holds a PMS contract and provides NHS services to 8799 patients. The practice serves a diverse population with many patients attending who do not speak English as their first language. The practice does not have a large older population (11%) with 19% of the patient population under the age of 18. The practice is situated in its own premises on Tottenham High Road and is arranged over two floors. Consulting rooms are available on both floors to enable access to those with a physical disability. There are currently six GPs (5 male and 1 female) who share their time between the centre and a second site (Castleview Surgery) which has not currently been inspected by the CQC. The GPs are supported by a practice nurse, two practice managers and a team of administrative staff. The practice is available by telephone between 8am and 6.30pm, Monday to Friday.

Appointments are between 9am and 1pm and then between 2pm and 6pm. The practice opted out of providing an out of hour's service and refers patients to the local out of hour's provider.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice provides a range of services including both antenatal and postnatal care, baby immunisation and child health surveillance, asthma and coronary heart disease clinics.

The CQC intelligent monitoring placed the practice in band 1. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that is why we included them.

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 17 November 2014, as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and social Care Act 2008, and to look at the overall quality of service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

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 November 2014. During our visit we spoke with a range of staff including GP's, nurses and administrative staff and also with patients who used the service. We observed how people were being cared for and reviewed the personal care or treatment records of patients.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example reported significant events, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns and how to report incidents. For example it was recorded that immunisation data was not being recorded correctly in patient notes. This was picked up through an audit to identify correct immunisation data. The incident had been recorded and appropriate action taken to rectify the error through correcting records and further training for staff.

Learning and improvement from safety incidents

We reviewed safety records, incident reports and minutes of meetings where these had been discussed for the last 12 months. Records showed that the practice had consistently managed these over a period of time.

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that occurred during the last 12 months and five of these were made available to us. The events were of a clinical nature and involved areas including a failure to undertake a blood test and patients disclosing issues of violence outside of the surgery. Significant events were discussed at monthly clinical meetings and further reviews took place once the action points had been completed. All staff at the practice were aware of the systems for raising issues which were to be considered at practice meetings and encouraged to do so.

We found that safety alerts received from the NHS central alert system and the Clinical Commissioning Group (CCG) were disseminated through the practice internal email system to the appropriate staff by the practice manager. We noted that alerts relevant to the practice had been discussed in practice meetings including for example the procedure to follow if a patient presented at the surgery with Ebola.

Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young people and adults.

Practice records showed all staff had received relevant role specific training on safeguarding. We asked members of staff about their most recent safeguarding training. Staff knew how to recognise signs of abuse. They were also aware of their responsibilities regarding sharing and documenting safeguarding concerns. Staff were aware of who to contact and external contact details were accessible to all staff.

The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children. All clinical staff had been trained in child protection to Level 3 and administrative staff to Level 1. All staff we spoke to were aware of who to speak to in the practice if they had a safeguarding concern.

Vulnerable patients were highlighted on the patient's electronic record card. This included information to ensure staff were aware of any relevant issues (for example patients with a learning disability or children on the child protection register).

A chaperone policy was in place and publicised throughout the practice. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff had undertaken chaperone training and understood their responsibilities when acting as chaperones. Clinical staff had received a disclosure and barring service (DBS) check but we noted that a DBS check had not been completed for administrative staff that carried out chaperone duties.

Patient's individual records were written and managed in a way that ensured patient safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals and out of hour's services.

Medicines management

The practice had an appointed lead for medicines management who worked with a prescribing advisor to ensure safe management within the practice. We checked medicines stored in the treatment rooms and medicine refrigerators and found that they were stored securely and only accessible to authorised staff. We viewed the policy for ensuring medicines were kept at the required temperature. We found that staff were monitoring and recording temperatures daily and reporting any deviation from the

recommended temperature. There was a protocol to follow if the temperatures were found to be outside the adequate range. All temperature records we viewed were within the correct range.

Processes were in place to ensure that medicines were within their expiry date. All medicines that we checked were within expiry date. A process was in place to dispose of expired and unwanted medicines in line with waste regulations.

Vaccines were administered by the practice nurse in line with legal requirements and national guidance.

There was a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff generated prescriptions and how changes to repeat prescriptions were managed, ensuring that prescriptions remained appropriate and necessary. All prescriptions were reviewed and signed by a GP before they were given to the patient.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw that there were cleaning schedules in place and cleaning records were kept. Patients told us that they always found the practice to be clean.

The practice had a lead for infection control. All staff had received induction training about infection control specific to their role. We did not find any evidence that the practice had undertaken an infection control audit to monitor cleaning standards. We were informed that cleaning was monitored on an ad hoc basis. A note would be left for the cleaner of any issues within the cleaning that was found. Most of the chairs in the waiting room were wipe clean plastic. However two older wooden chairs were present that contained cracks in the wood which would make them difficult to clean.

An infection control policy and separate procedure documents were available for staff to enable them to plan and implement control of infection measures. For example, the provision of personal protective equipment was made available for staff to use. There was also a sample handling protocol on display which outlined the procedure for handling blood or urine samples.

Hand hygiene technique signage was displayed in all toilets. Hand soap and hand washing sinks with towel dispensers were available. However antibacterial hand gel dispensers were not available.

The practice had a policy for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings). We were informed that testing had not been carried out at the time of inspection, however previous testing had been completed. The practice was in the process of organising tests.

Equipment

Staff told us they had enough equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw evidence that equipment was tested and maintained regularly. We saw evidence of calibration of relevant equipment, for example weighing scales, fridge thermometers, blood pressure monitors, spirometers and the vaccination fridges. Portable electrical equipment had not been tested and there was no record present of any past testing.

Staffing and recruitment

Staff records we looked at contained evidence that recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and where applicable registration with the appropriate professional body. Disclosure and Baring Service (DBS) checks had only been undertaken for clinical staff. No assessment had been carried out to validate reasons for not completing DBS checks for non-clinical staff. The practice had a recruitment policy detailing the checks to be followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and the mix of staff needed to meet patient's needs. Administration staff worked on a part time rota basis to ensure that there was enough staff on duty. There was also an arrangement in place for members of staff to cover each other's annual leave and sickness absence.

The practice had a Service Level Agreement (SLA) with a locum agency to provide regular locums. The practice requested the same locums each time in order to ensure continuity of care to patients.

Requires improvement

Are services safe?

Monitoring safety and responding to risk

The practice had policies and systems in place to manage and monitor risks to patients, staff and visitors to the practice. These included a health and safety risk assessment of the building and environment. The practice also had a health and safety policy and we noted that health and safety information was displayed throughout the practice.

The practice completed a risk register to identify known risks and to produce an action plan to reduce risk. This was discussed within clinical meetings. Examples of risk identified on the log included the shortage of GP cover and the loss of existing staff due to past incidents that occurred at the practice. The practice had provided an action plan to ensure enough staff was present.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including portable emergency oxygen. Staff knew the location of the equipment and records confirmed that the equipment was checked regularly. The practice did not have a defibrillator (used to attempt to restart a person's heart in an emergency).

Emergency medicines were available in a secure area and all staff knew of their location. Processes were in place to check that emergency medicines were within their expiry date and suitable for use. All medicines checked were in date. However we found that there was an absence of benzylpenicillin for injection, glucagon and intravenous glucose in the emergency medicines kit. This meant that in an emergency situation the practice would have not been able to treat conditions such as suspected bacterial meningitis or hypoglycaemia. There was a system in place for checking that emergency medicines were present but this was not being followed. All appropriate equipment was present in the doctor's bag.

A business continuity plan was in place to deal with a range of emergencies that could impact on the daily operations of the practice such as power failure, loss of the practice computer system or unplanned staff sickness. The document also contained relevant contact details as a reference for staff.

Fire risk assessments had been completed and all fire prevention equipment had been serviced. We saw records that showed staff were up to date with fire safety training. Regular fire drills took place.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Although we were assured of the knowledge attained by staff regarding up to date guidance, we were unable to locate a central folder (either physical or electronic) where the latest guidance was contained and staff had difficulty locating specific guidance requested. The guidance was available on the Clinical Commissioning Group (CCG) website. For example staff were unable to easily locate the latest protocol for hypertension on the practice computer system. We viewed practice meeting minutes which showed that new guidelines relevant to the practice were discussed and shared. We found from our discussions with staff that the latest guidelines were used for the assessment of patients' needs and were reviewed where appropriate.

The practice referred patients to secondary care and community services in line with national referral rates. For example hospital referrals and to local mental health teams. The data we viewed showed that the practice was performing in line with the Clinical Commissioning Group (CCG) standards for referrals.

The practice provided the unplanned admissions enhanced service which was to reduce admissions to secondary care of at risk patients (enhanced service are services that require an enhanced level of service provision above the normal level required under a GP contract). The practice was required to develop care plans for two per cent of the practice population over the age of 18. We viewed three care plans and found them up to date and relevant to the individual patient. However the practice were not involved in any further enhanced services.

We saw no evidence of discrimination when making care and treatment decisions. We spoke with staff who confirmed that patients were treated and referred on need and that age, gender and race was not taken into account in the decision making process.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

Quality and Outcomes Framework (QOF) is a system to remunerate general practices for providing good quality care to their patients. The practice had achieved 94.9% in its Quality and Outcomes Framework (QOF) performance for the year ending April 2014. This was 4% above the Clinical Commissioning Group (CCG) average and 1.4% above the England average. However, QOF performance was not regularly discussed at practice meetings. We were provided with only one example where it was discussed in April 2014.

The practice showed examples of clinical audits that had been undertaken in the last 12 months. These included a review of diabetic treatment, prescribing and an audit into the timeliness of appointments. A further example was an audit into unnecessary prescribing of antibiotics in line with the CCG guidelines. Some actions for improvement were identified through the audits. The practice provided further examples of where areas have been re audited. Improvements were found and practice performance improved. For example it was found in an audit into the prescribing of antibiotics undertaken in 2013 that antibiotics were being prescribed unnecessarily to patients for simple coughs and colds. A second audit undertaken in 2014 showed that GPs were explaining why antibiotics were not needed for certain conditions which resulted in a reduction in the amount of antibiotics being prescribed. The practice put in place system to continuously monitor the prescribing of antibiotics.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. Data showed that the practice was performing in line with the CCG average for referral rates and prescribing.

Good

Are services effective?

(for example, treatment is effective)

Palliative care patients were looked after on an individual level and there was a system in place to provide end of life care. Meetings with the palliative care team were taking place and called to discuss individual patients when the need arose.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with mandatory training such as basic life support, infection control, safeguarding and child protection.

The GPs were licenced by the General Medical Council (GMC) and the nurses registered with the Nursing and Midwifery Council (NMC). All GPs were up to date with their yearly continuous professional development (CPD) requirements and all either had been revalidated or had a date for revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practice and remain on the performers list with NHS England).

All staff undertook annual appraisals which identified training needs. Staff told us they were encouraged to develop and contribute to their professional development plans.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood test and x-ray results, hospital letters and information from out of hour's providers were received electronically and by post. These were received by administration staff before passing to the GPs to undertake any required action. Staff we spoke with understood their roles and felt the system in place worked well.

The practice worked with the local mental health team, midwives, health visitors, district nurse and palliative care nurse to provide a joint approach. We were informed that this was on an informal basis. For example, we were told that multidisciplinary team meetings with the mental health team and palliative care nurse took place. No minutes of meetings were held but notes were made on individual patient records. In addition, no regular palliative care meeting was held but if it was deemed that a patient was in need of the service, a meeting with the palliative care nurse would be arranged on an informal basis.

The practice was commissioned for the new enhanced service of unplanned admissions and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the policy for actioning hospital communications was working well in this respect. The practice had not yet audited this process.

Information sharing

Patients were referred to other services in line with the national guidelines and none of the patients we spoke with identified concerns with the referral process. They said that they were always referred promptly by the GP.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patient care. The system enabled paper communications, such as hospital letters and test results to be scanned and saved on the system for future reference.

The practice used the electronic Choose and Book system for making referrals. The system enabled patients to choose which hospital they wished to be treated in and book their own outpatients appointment in discussion with their chosen hospital. The practice also used a shared system to share information with other health providers including the local out of hour's provider.

The practice was in the process of compiling summary care records to share patient information with other health providers such as accident and emergency and local out of hour's providers. Consent was being sought from patients before proceeding.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children and Families Act 2014 and their duties in fulfilling it. Staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For example, when obtaining consent for treatment from patients with a learning disability.

Good

Are services effective?

(for example, treatment is effective)

GPs demonstrated an understanding of both Gillick and Fraser guidelines (legislation used to decide whether a child or young person under the age of 16 is able to consent to their own medical treatment, without the need for parental permission or knowledge), and were able to give examples of when they had used them.

Health promotion and prevention

The practice met with the public health team from the local authority and Clinical Commissioning Group (CCG) to discuss implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information was used to help focus health promotion activity.

The practice offered a health check to all new patients registering with the practice. The GP's were informed of any health concerns identified and followed them up within a patient consultation.

Due to the high prevalence of diabetes amongst patients the practice ran a weekly GP led diabetic clinic where patients could be provided with a health check and advice on managing their condition effectively.

All patients over the age of 75 had a designated named GP and home visits were available for patients who were unable to attend the surgery. Annual physical health checks were also offered. Currently 42% of the older people registered had received a flu vaccination. The practice had signed up for the direct enhanced services (DES) for unplanned admissions and older people did not currently have a personalised care. The practice was still developing this area of work. We found however that 92% of patients on the mental health register had received an annual health check and care plan. This was above the Clinical Commissioning Group (CCG) average. The sharing of information with other professionals such as the district nurse and the mental health team was on an informal basis with no minutes of meetings held. Those patients diagnosed with dementia were referred to the local memory clinic for a full assessment and diagnosis.

The practice cared for those patients on the long term conditions (LTC) register by providing clinics where conditions can be constantly monitored. For example, weekly diabetes clinic, hypertension clinic, Chronic Obstructive Pulmonary Disease (COPD) clinic and asthma clinic. The practice had carried out health reviews for 80% of patients on the COPD register and 60% on the diabetes register, with the remaining patients having a review scheduled.

The GPs carried out mental health reviews for patients on the mental health register. The reviews include medication review and physical health check. Patients on the register had a named GP and a personalised care plan.

Staff informed that the practice nurse had good links with external agencies but there was very little formality. We found there was limited evidence of the sharing of information across agencies. Processes were in place to help those patients whose health deteriorated suddenly which included an emergency referral to the hospital.

The practice provided longer appointments and home visits for patients who were deemed as vulnerable such as patients with a learning disability. Staff received appropriate training to manage and identify vulnerable patients each year and alerts were placed on patient records to flag to staff any issues. Health reviews were offered with 63% of patients on the register receiving a review so far this year. The practice undertook 6 weekly meetings with the health visitors to share information regarding vulnerable patients. We saw evidence of meeting minutes that discussed specific patient matters and put plans in place to address them.

Staff would signpost vulnerable patients and those patients with a mental health condition to organisations that could be of assistance and would take them if it was within walking distance of the practice. For example patients may be taken by staff to a local mental health charity which was based in the area to provide social advice such as advice for housing issues.

The practice offered yearly health checks and until recently offered smoking cessation clinics. This service was run by the CCG but was currently not taking place due to a reorganisation of the service. The practice was not offering an alternative service but advice was available from the nurse.

The practice nurse offered a wide variety of clinics including travel advice and vaccination, childhood immunisations (including baby), lifestyle advice and spirometry. The nurse was supported by the health care assistant who provided blood tests, blood pressure monitoring, baby checks (including height and weight) in conjunction with the

Good

Are services effective?

(for example, treatment is effective)

community midwives and health visitors. Family planning advice was also offered. The practice had performed above the CCG average for most immunisations in the previous year. The practice flagged children who were at risk on the electronic computer system and worked with health visitors and social services in the provision of care.

The nurse identified appropriate patients for a cervical smear and invited them for screening. The practice's performance for cervical screening was 86.9% which was above the CCG average.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the NHS England national GP patient survey 2014 (458 questionnaires were sent out to patients and there was a completion rate of 22%), NHS choices feedback and conversations with 15 patients during the inspection. The practice had not received CQC comment cards prior to our inspection. The practice had not completed a patient satisfaction survey and the practice could not recall when a survey had been completed.

The evidence from the NHS England national GP patient survey 2014 showed that 82% of patients described their overall experience of the practice as good, and 72% said that the GPs treated them with care and concern. These were both above the Clinical Commissioning Group (CCG) average.

Patients told us they were treated with dignity and respect by the practice staff and that their privacy was upheld. This was not reflected in the national GP patient survey 2014 where the practice scored 71% which was below the CCG average in this area. The practice was aware of this and we found evidence of where it had been discussed in clinical meetings. We observed that consultations and treatments were carried out in the privacy of the consultation room with the door closed to ensure conversations could not be overheard. We noted that curtains were used in the consultation rooms during examinations.

Care planning and involvement in decisions about care and treatment

The results of the national GP patient survey 2014 showed that the practice scored above the CCG average for the percentage of patients who said the GPs were good at listening to them, explaining test results and treatments and involving them in decisions about their care by scoring 72%. This was consistent with patient feedback received during our inspection.

Patients said that clinical staff sought their consent before carrying out physical examinations. However some patients said that they were not always offered a chaperone. GP's were able to demonstrate an understanding of Gillick guidelines (used to help clinicians decide whether a child under 16 years has the legal capacity to consent to medical examinations and treatment, without the need for parental permission or knowledge).

An interpreter service was available for patients whose first language was not English. The service was advertised within the waiting area. Staff were able to interpret a range of languages if called upon.

Patient/carer support to cope emotionally with care and treatment

We spoke with patients on the day of inspection who said that they received emotional support from the practice. For example, a patient experiencing poor mental health presented at the surgery who was being threatened with eviction from their home. The practice worked with the patient to resolve the issues and referred them to a counsellor to address the underlying problems.

The practice provided support to patients placed on the practice carers register. This included ensuring that carers were put in touch with the local council's carers department for additional support.

The practice sent sympathy cards to patients who had been bereaved. They also provided the contact details for a local bereavement support centre and also referred to the counselling service if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice was providing services to meet the need of the patient population. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice used the choose and book system for referrals, ensuring that working people could receive a referral appointment at a location and time that was convenient to them. The practice also used a risk stratification tool provided by the Clinical Commissioning Group (CCG). This was used to identify patients that were more at risk, to plan services and prevent unwanted patient outcomes. For example, inappropriate attendance at accident and emergency. The tool allocated a risk score to patients depending on the complexity of their health concern and services were planned accordingly. For example, due to the identified high prevalence of diabetes amongst patients the practice ran a weekly GP led diabetic clinic. A mental health clinic was also available where the GP would carry out a medication review and the healthcare assistant would carry out physical checks.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups and was attempting to meet their needs in the planning of its services such as weekly diabetes clinic where patients could consult a GP and undertake necessary health checks. Patients we spoke with said that it was helpful to have a specific clinic so that they knew exactly when they could see the GP and not have to wait for an appointment at another time.

The practice had access to a translation service (including British Sign Language) and patients with communication needs were given longer appointments. Staff at the practice also spoke Spanish, Turkish and Bengali (some of the main languages spoken within the patient population), and were able to translate if needed.

The practice was situated on the ground and first floor of the building with easy access for wheelchair users and those with mobility scooters. No lift was present but consultation rooms were situated on both floors. Consultation rooms on the ground floor were used for patients with mobility needs.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to consultation rooms. Accessible toilet facilities were available for all patients attending the practice. Baby changing facilities were also available.

Access to the service

Patients told us that it was difficult to get an appointment and there was a long wait particularly if they wanted to see a named GP. This was consistent with NHS choices patient comments and NHS England GP patient survey feedback (where the practice scored below the Clinical Commissioning Group (CCG) average).

The practice was available by telephone between 8am and 6.30pm, Monday to Friday. The practice was open for appointments between 9am and 1pm and then between 2pm and 6pm. No extended hours were available to cater for the working age population, however appointments after 4.30pm were held open for those who work. No evidence was found that this had an adverse effect on patient care. Appointments could be made in person or by telephone. No online booking service was available. Urgent appointments were available on the same day with emergency slots reserved throughout the sessions. Appointments were 10 minutes in length; however 20 minute appointments were also available if required.

Patients said that it was difficult to see the GP of their choice. This was reflected in the national GP patient survey 2014 where the practice scored 50% which was slightly below the Clinical Commissioning Group (CCG) average of 54%.There was no evidence of systems in place for patients to leave comments and suggestions for improvement. The only system of providing feedback was through the practice complaints procedure.

Telephone consultations were available at the end of each clinical session and home visits were arranged for patients unable to attend the practice. Repeat prescriptions were available for collection within 48 hours of the request.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out of hour's service.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were

Good

Are services responsive to people's needs?

(for example, to feedback?)

in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including a poster displayed in the waiting area. However we found that the poster was covered at the time of inspection. We found no evidence of information being available in languages other than English.

We viewed 5 complaints that had been received in the last twelve months. The complaints had been resolved in line with the practice's complaints policy. Records confirmed that complaints were reviewed in practice meetings and that learning points were shared with staff.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision and business plan to ensure that patients remained the focus and that staff worked together as a team to provide the best possible service to patients. Records showed that this had been discussed and agreed by staff at an away day event.

We spoke with four members of staff including clinical and non-clinical staff who all knew and understood the vision of the practice and their responsibility in achieving this vision.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and they were available to staff via the practice computer system and the employee handbook. We looked at a selection of policies and procedures including staff recruitment and appraisal policies and found that they had not been recently reviewed. The last review took place in 2010. We were told that the practice was in the process of updating the policies. We spoke with staff that were aware of the contents of the policies and understood how they related to their daily work.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. We viewed the current QOF data and saw that the practice was on target to meet their performance targets. We saw that QOF data was discussed in practice meetings and plans produced to maintain and improve the outcomes.

The practice had completed a number of clinical audits; for example prescribing and a review of diabetic treatments. Audits showed that the practice was performing in line with the Clinical Commissioning Group (CCG) standards. We saw examples of where the practice had changed their prescribing as a result of the audit. We found that the practice had completed some audit cycles and were able to evidence where practice performance had improved.

The practice had arrangements for identifying, recording and managing risk. We were shown the risk log which addressed a wide range of potential issues which included patient access, staffing, adverse publicity and infection control. The risk log was managed by the practice manager. We found no evidence that it was discussed at practice meetings.

Practice and clinical meetings took place monthly. Minutes of these meetings were taken, however we found that the minutes were brief and were in need of more information to ensure there was an accurate record of the meeting.

The practice manager was responsible for human resources. We reviewed a number of policies, for example the grievance procedure and the sickness and injury policy. We found that the policies were in need of updating. Staff we spoke with knew where to find the policies if required.

Leadership, openness and transparency

The practice had a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control. The senior partner was the clinical lead and lead for safeguarding. We spoke with four members of staff who were all clear about their own role and responsibilities. They all told us that they felt valued and supported and that they knew who they could approach if they had any concerns.

We were informed that practice meetings were held monthly. However we did not see minutes for all meetings that took place as we were told that some meetings were informal and no minutes were made. Staff told us that there was an open culture within the practice and opportunity to raise any issues was given in meetings.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had no formal systems of collecting feedback from patients within the practice except through the complaints procedure. The practice had not undertaken a patient survey and no suggestion box was available. Feedback was received through the NHS choices website and the practice would respond as necessary. We saw evidence of this within the complaints file and on the NHS Choices website.

The practice did not currently have a patient participation group (PPG) since the previous group collapsed in 2012. The practice was in the process of reforming the group.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us of how they felt unsafe in the reception area. The practice responded by arranging for

Are services well-led?

Good

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

further security measures to be implemented including the placing of a screen on the reception desk to protect staff. This screen was in the process of being installed after the inspection visit.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their professional development through continuous training. We looked at staff records and saw that regular appraisals took place which included personal development plans.

The practice had completed reviews of significant events and shared lessons with staff during away days and practice meetings so as to ensure improved patient outcomes. For example following an incident where a blood test was carried out on the wrong patient, the patient was contacted and measures put in place to minimise chance of recurrence. We also noted that the incident was discussed during a staff meeting to ensure learning was shared amongst staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **People who use services and others were not protected against the risks of an emergency because benzylpenecillin, glucagon and intravenous glucose was missing from the emergency medicines kit.**