

The Grove Medical Centre

Quality Report

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

Ratings

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

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 The Grove Medical Centre on 25 August 2016. Overall the practice is rated as requires improvement.

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

- Risks to patients were not effectively managed for example a legionella risk assessment was completed but the associated actions as a result had not been carried out.
- Reception staff who acted as a chaperone did not have a disclosure and barring check (DBS) and there was no risk assessment carried out to mitigate risks associated with this, we did however see that these checks had recently been applied for.
- There was an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- One reception staff member and one agency nurse did not have a reference on file.
- The practice did not have a defibrillator on the premises at the start of our visit; however, we saw that one was purchased before the end of the inspection.
- Staff had not received fire training.
- The practice had low GP Survey Patient Survey scores and were not aware of the survey so plans were not put in place to improve the satisfaction scores.
- There was no information displayed around the practice to inform patients of how to make complaints and learning from complaints was not systematically shared with staff members.

Summary of findings

- The practice had a business continuity plan, but this was not comprehensive or complete and did not include staff contact details.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available on the day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Mitigate risk associated with not carrying out the actions highlighted in the legionella risk assessment.
- Put plans in place to improve GP Patient Survey scores.
- Display information advising patients on how they can make a complaint and ensure the learning and outcomes from complaints are shared with all relevant staff members.
- Ensure all staff members complete fire training appropriate to their role.

The areas where the provider should make improvement are:

- Maintain a comprehensive and up to date business continuity plan, with copies available off site.
- Review systems for identifying carers to ensure appropriate support is provided to them.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Reception staff members who acted as chaperones did not have a disclosure and barring service check and there was no risk assessment in place to mitigate risks associated with this, we did however saw that these checks had recently been applied for. There were no references on file for one reception staff member and one agency nurse.
- A legionella risk assessment had been completed, but actions highlighted as a result had not been carried out.
- The practice did not have a defibrillator on the premises although we saw evidence that one had been ordered by the end of the inspection.
- The practice had a business continuity plan but it was not comprehensive or complete.
- Staff understood their responsibilities to raise concerns and report incidents and near misses.
- When things went wrong patients received reasonable support, truthful information and an apology.
- The practice had embedded systems and processes in place to keep patients safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development and training plans for all staff members; however fire training had not been carried out.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 46% of respondents of the GP patient survey stated the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care, compared to the national average of 82%. The practice was unaware of the GP patient survey.
- Information for patients about the services was available but there was no practice leaflet.
- The practice had identified less than 1% of their patient list as a carer.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services

- There was no information displayed about how to complain. Although the practice responded quickly to issues raised. Learning from complaints was not routinely shared with staff members.
- The practice was unaware of the GP Patient Survey and therefore had not carried out any actions to improve their low scores and had not carried out their own patient survey in two years.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice hosted a substance misuse service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients; however practice systems did not always support this.

Requires improvement



Summary of findings

- The practice did not make use of all the patient information available to them; however the patient participation group was active.
- Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activities.
- There was an overarching governance framework which did not always support the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered 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.
- Patients on multiple medicines were invited to bring their medicines for an annual appointment with their GP where they had a review.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 90% compared to the national average of 88%.
- 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.
- The practice did not have a defibrillator on the premises, but we saw that one was purchased by the end of the inspection.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 76% of women aged 25 to 64 had a record of a cervical screening test documented in their record compared to 74% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours one evening a week until 8:15pm.

Requires improvement



People whose circumstances may make them vulnerable

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

- Reception staff members who acted as chaperones did not have a disclosure or barring check and there was no risk assessment in place to mitigate risks associated with this. We did see that these checks had recently been applied for.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Requires improvement



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 69% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record was 97%, which was comparable with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was mostly performing in line with local and national averages. Three hundred and ninety four survey forms were distributed and 119 were returned. This represented 1.9% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 62% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly, professional caring staff members.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the friends and family test, which showed that 70% of patients were extremely likely or likely to recommend the practice and 9% of patients said they were extremely unlikely or unlikely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Mitigate risk associated with not carrying out the actions highlighted in the legionella risk assessment.
- Put plans in place to improve GP Patient Survey scores.
- Display information advising patients on how they can make a complaint and ensure the learning and outcomes from complaints are shared with all relevant staff members.

- Ensure all staff members complete fire training appropriate to their role.
- Ensure staff are competent in the use of the defibrillator

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Maintain a comprehensive and up to date business continuity plan, with copies available off site.
- Review systems for identifying carers to ensure appropriate support is provided to them.
- Follow through with the purchase of a defibrillator.

The Grove Medical 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 adviser and a practice nurse specialist adviser.

Background to The Grove Medical Centre

The Grove Medical Centre is located in a converted house within a residential area of East London, where there are good transport links, disabled parking bays and parking bays that are free for 30 minutes. The practice is a part of Waltham Forest Clinical Commissioning Group.

There are 6200 patients registered at the practice.

The practice has two male and one female GP partners completing 22.5 sessions per week, eight sessions per week of agency practice nursing and one female health care assistant completing one session per week. The practice has a practice manager and 10 reception/administration staff members.

The practice is an undergraduate teaching practice for second year through to final year medical students.

The practice operates under a Personal Medical Services Contract (PMS); (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Friday between 8:15am and 6:30pm; phone lines are open from 8:30am. Appointment times are as follows:

- Monday 8:30am to 12:00pm and 2:00pm to 8:15pm
- Tuesday 8:30am to 11:40am and 2:20pm to 6:00pm
- Wednesday 8:30am to 11:30am and 2:20pm to 6:00pm
- Thursday 8:30am to 11:15am Closed
- Friday 8:30am to 12:00pm and 1:30pm to 6:00pm

The locally agreed out of hours provider covers calls made to the practice whilst it is closed.

The Grove Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive programme. This location had not previously been inspected.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2016. During our visit we:

- Spoke with a range of staff including GPs, a health care assistant, a practice manager and reception/administration staff members. We also 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a completed significant event form about the practice's vaccine fridge door being left open overnight. We saw evidence of the practice contacting the vaccine manufacturers and as a result disposing of vaccines and we viewed minutes of meetings where the incident was discussed and the importance of safety checks before the close of practice was reiterated.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Non-clinical staff members were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as a chaperone had received chaperone training, however they had not all received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We did however see that DBS checks had been applied for.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice agency 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. Regular 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Patient Group Directions (PGDs) were used by the agency nurse (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found appropriate recruitment checks had not always consistently been

Are services safe?

undertaken prior to employment. For example, we found one reception staff member and an agency nurse who did not have any references on file and not all reception staff members had checks through the Disclosure and Barring Service, we did however see that these had been applied for but there was no risk assessment in place to mitigate risks associated with this.

Monitoring risks to patients

Risks to patients were assessed but not well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm testing. 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 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice had not acted the actions identified by the risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises, but we saw evidence before the end of the inspection that one had been ordered. Oxygen with adult and children's masks were available, as was a first aid kit and accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage, however the plan was not comprehensive and was not completed, there were no contact details of staff members included in the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with an exception reporting rate of 15% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was aware of its high exception reporting rate, especially in the areas of dementia and diabetes, the practice had processes for who was exception reported and continued to recall patients for their reviews even after their three recall attempts.

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

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 90% compared with the national average of 88%. There was an exception reporting rate of 8%, which was the same as the national average.
- Performance for mental health related indicators was below the national average. For example, the percentage

of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 69% compared with the national average of 84%. The exception reporting rate was 27%, which was significantly higher than the CCG and national average of 8%.

Although the practice's QOF scores were comparable to the national and CCG averages, the practice was not satisfied with their performance and put this down to not having their own practice nurse. We saw that the practice was actively trying to recruit a full time practice nurse and had increased the number of agency nurse sessions and expect this to impact on next year's QOF results.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to sustain services. For example, the practice carried out an audit looking at patients who have been prescribed methotrexate (a medicine used for a variety of conditions) for the past 12 months to see whether they had received the appropriate blood monitoring as described by NICE guidelines. On first audit it was found that 100% of patients had received the appropriate blood testing, this was discussed at clinical meetings where NICE guidelines was reiterated to ensure that this standard was maintained as well as to teach the undergraduate medical students. On re-audit 100% of patients had also received the appropriate blood testing.

Information about patients' outcomes was used to make improvements such as: the practice signing up to the social prescribing scheme, which supports patients who may need more help than just medicines by providing them with exercise classes and relaxation techniques.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality. The practice had not carried out any recent fire training; however the practice did carry out routine fire drills.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending updates, access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients over the age of 65 who were being prescribed multiple medicines were invited for an appointment with their GP where they had to bring along all their medicines for a complete review.
- A dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy offering telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening

Are services effective?

(for example, treatment is effective)

programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

immunisation rates for the vaccinations given to under two year olds ranged from 87% to 94% compared to the CCG average of 81% to 88% and five year olds from 80% to 94% compared to the CCG average of 64% to 87%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). 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 not always treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 59% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 58% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 70% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 56% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was unaware of the GP patient survey and their survey results and therefore had no plan in place to improve them. The practice used their Patient Participation Group, the Friends and Family test and a comments and suggestions box as a way of reviewing patients satisfaction with services provided. The last patient survey the practice carried out related to 2014 to 2015.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded negatively 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:

- 57% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 46% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice was unaware of the GP patient survey and their survey results and therefore had no plan in place to improve them.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday between 8:15am and 6:30pm, phone lines were open from 8:30am. Appointment times were as follows:

- Monday 8:30am to 12:00pm and 2:00pm to 8:15pm
- Tuesday 8:30am to 11:40am and 2:20pm to 6:00pm
- Wednesday 8:30am to 11:30am and 2:20pm to 6:00pm
- Thursday 8:30am to 11:15am Doors closed at 1:00pm
- Friday 8:30am to 12:00pm and 1:30pm to 6:00pm

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice system for handling complaints and concerns did not always include sharing learning and outcomes with relevant staff members.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw no information available to help patients understand the complaints system, there was no practice leaflet and no posters displayed with information about how to complain.

We looked at four out of nine complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. However, lessons learnt from individual concerns and complaints and also from analysis of trends and action were not consistently shared amongst practice staff members to improve the quality of care. For example, we viewed three complaints from patients regarding their

Are services responsive to people's needs?

(for example, to feedback?)

dissatisfaction with the way they were treated by clinical staff members, we saw that patients received an apology, however there were no minutes to evidence that the complaints had been discussed and actions put into place.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients; however systems and procedures did not always support this.

- The practice had a mission statement and staff knew and understood the values.
- The practice had plans to work towards providing skype consultations to their patients.

Governance arrangements

The practice had an overarching governance framework which did not always support the delivery of the strategy and good quality care. For example:

- The practice was unaware of the GP patient survey and their poor results.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not adequate.
- The practice did not advertise its complaints procedure
- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. However the practice was unaware about the GP Patient Survey and their low scores and did not always share the learning from complaints with staff members.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through comments and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, as a result of requests from the PPG the practice changed its premium phone number to a standard rate telephone number.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider failed to mitigate risks found within their legionella risk assessment</p> <p>Practice staff had not received fire training.</p> <p>The practice did not have a defibrillator at the start of the inspection to be used in the event of a medical emergency and there was no risk assessment in place to mitigate risks against this.</p> <p>Recruitment processes were not always complete, some staff who acted as a chaperone did not have a DBS check or references on file.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice had failed to seek and act on feedback identified in the GP patient survey.</p> <p>The practice did not display information advising patients on how to make a complaint.</p> <p>This was in breach of regulation 17(1) (E) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>