Charterhouse Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
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 Charterhouse Surgery on 5 April 2016. Overall the practice is rated as requires improvement.

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

- There was no effective system in place for reporting and recording significant events, the practice had no incident reporting policy and staff demonstrated little or no learning from incidents.
- Risks to patients were not always assessed and managed in line with the policy.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was not aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider must make improvements:

- Ensure that a fire, asbestos and legionella risk assessments are undertaken and that recommendations following these risk assessments are actioned. Ensure that the fire exits meet requirements. Ensure that infection control audits are undertaken on a regular basis.
- Ensure that the necessary recruitment checks and procedures are undertaken before employing permanent and locum staff.
- Ensure that there is a system for the reporting and recording of significant events and that all relevant staff are involved in the discussion of significant events

Summary of findings

and that lessons learned are shared with all relevant staff. Ensure that there is a business continuity plan is in place for major incidents such as power failure or building damage.
- Ensure that the chaperone processes are in line with guidelines and that staff have been trained and undertake a risk assessment to ascertain if DBS checks are required for all staff who undertake this role.
- Ensure that all staff complete mandatory training.
- Ensure yearly appraisals are performed for all practice staff.
- Ensure that there are enough clinical staff to provide appropriate levels of care.

There were areas of practice where the provider should make improvements:

- Consider the safe storage of patient records.
- Review the system in place for the dissemination and monitoring of safety alerts.
- Review the process to identify carers and for the carers register to be up-to date.
- Review the quality improvement process so it demonstrates that requisite changes are made following the completion of audits and monitored through re-audits.
- Review the care of patients with long term conditions so their needs are met.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was no effective system in place for reporting and recording significant events, the practice had no incident reporting policy and staff demonstrated little or no learning from incidents.
- Lessons were not always shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients had not always received reasonable support, truthful information, a verbal and written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not always assessed and managed in line with the policy.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff but they were not carried out annually.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in-line with others in the same locality for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice provided minor surgical procedures including joint injections and coil fitting which reduced the need for referrals to hospital.

Are services well-led?

Requires improvement

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

- The practice had a framework which supported the delivery of the strategy and good quality care.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, however these were not accessible to staff and were not regularly updated.
- The provider was not aware of the requirements of the Duty of Candour. However the partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

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

- 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.
- The practice regularly involved the community matron for care planning and management of complex patients.

People with long term conditions

Requires improvement

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

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 65% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 64% which was below the CCG average of 78% and national average of 88%.
- The national Quality and Outcomes Framework (QOF) data showed that 60% of patients with asthma in the register had an annual review, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.

Summary of findings

- 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.

Families, children and young people

Requires improvement

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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered weekly midwife clinics.

Working age people (including those recently retired and students)

Requires improvement

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

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

- 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.

Summary of findings

- 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.

People whose circumstances may make them vulnerable

Requires improvement

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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were flagged in their clinical system.
- The practice offered appointments for all newly registered looked after children with a named GP and had an alert set up on the computer system.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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)

Requires improvement

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

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

Summary of findings

- The number of patients with dementia who had received annual reviews was 88% which was above the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 67% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months (CCG average 84%, national average 88%)
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 referred older children and teenagers to the local wellbeing service for mental health issues.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing lower than local and national averages. Two hundred and forty two survey forms were distributed and 115 were returned. This represented 1.4% of the practice's patient list.

- 27% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 70%, national average of 73%).
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 66% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 49% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards of which half were positive about the standard of care received. Patients had reported difficulties in getting through to the surgery by phone and delays in access to regular appointments. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 19 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. However similar to the comment cards some of them had reported difficulties in getting through to the surgery by phone and delays in access to regular appointments.

Charterhouse Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Charterhouse Surgery

The Charterhouse Surgery provides primary medical services in Orpington to approximately 8500 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of working age people and older people are higher than local and national averages and the population of children and younger people is lower than local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 91% are white British and 7% are other white.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to four doctors' consultation rooms, one nurse consultation room and one healthcare assistant consultation room on the ground floor.

The practice team at the surgery is made up of two part-time female GPs and one part-time male GP who are partners, two part-time female salaried GPs, one part-time female practice nurse and one part-time female healthcare assistant. The non-clinical practice team consists of practice manager, reception lead, two practice secretaries, and eleven administrative/reception staff members. The practice provided a total of 26 GP sessions per week.

The practice had significant changes in partnership and management structure in the last year during which three partners retired or left the practice in a short time and new partners joined the practice. The practice is currently being supported by NHS England and Bromley CCG through this transition.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. GP appointments are available from 8:30am to 11:30am and 3:30pm to 6:00pm every day; Nurse appointments are available from 8:30am to 12:20pm and 1:30pm to 5:30pm every day.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Bromley CCG. The practice is a member of local GP Alliance and provides at least three appointments each day seven days a week through Primary Care hubs; weekend appointments could be booked in advance.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, family planning services, surgical procedures and treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This service has also been inspected under our previous inspection regime.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 April 2016.

During our visit we:

- Spoke with a range of staff including four reception and administrative staff, the practice manager, three GPs, a practice nurse, and we spoke with 19 patients who used the service including nine members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an informal 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.
- The practice carried out minimal analysis of the significant events. The practice had no incident reporting policy and staff demonstrated little or no learning from incidents. Not all relevant staff were involved in the significant event meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared to make sure action was taken to improve safety in the practice. For example, a patient was referred to a hospital (two week wait referral) by a locum GP and a form was completed by hand; however an incomplete task was sent to the secretary with no form attached. The secretary found the handwritten form on the desk later that week and the patient was referred. The practice discussed this issue and had planned to change their systems to ensure that locums were informed of the location of correct forms and referral pathways. They also planned to set up a spreadsheet to manage two week wait referrals to ensure all referrals were dealt with in a timely manner.

When there were unintended or unexpected safety incidents, patients not always received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had no clear systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements; however policies were not accessible to all staff. The policies had no contact details for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities, however not all staff had received training relevant to their role and there were more gaps in training of non-clinical staff. GPs were trained to Safeguarding Children level 3, nurses were trained to Safeguarding Children level 2 and non-clinical staff were trained to Safeguarding Children level 1.
- Notices in the clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role; however they had not been risk assessed to ascertain if Disclosure and Barring Service checks (DBS checks) were required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene in the patient used areas. However the non-patient areas were not clean and tidy. The practice had acknowledged this and was in liaison with the cleaning company to address this issue and the practice had sent us evidence to support this the next day. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result; however the audits were not undertaken on an annual basis as required.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for the production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the

premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed eight personnel files and found that appropriate recruitment checks had not been undertaken prior to employment. The practice had not followed its recruitment process when appointing new staff. For example, there were some gaps in proof of identification, references, qualifications, checks for registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice regularly used locum GPs and used locum agencies; however the practice had no systems in place to check if the locum agency had completed the required pre-employment checks.
- We found that not all patient records were kept in a secure area and could be accessed by the cleaners overnight.
- The practice only had 2.6 WTE GPs which was 3176 patients per WTE and provided only 26 GP sessions each week.

Monitoring risks to patients

Risks to patients were not always assessed and managed.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However the fire alarms were not tested on a regular basis. The practice had no up to date fire risk assessments and did not carry out regular fire drills. One of the fire exit door was kept locked and could not be opened without a key in an emergency. Following the inspection the practice had arranged for the fire alarm test to be undertaken by qualified external contractor and had sent us evidence to support this the next day. The practice had no COSHH (Control of Substances Hazardous to Health) guidance in use, and legionella and asbestos risk assessments were not undertaken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had less than 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 had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had no business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines; however the practice had no clear systems in place to keep all clinical staff up to date; there was no process for dissemination of guidelines.

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 87.4% of the total number of points available, with 3.2% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national average. For example, 65% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 64% which was below the CCG of 78% and the national average of 88%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100%, which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 97%, which was in-line the CCG average of 97% and national average of 98%.
- Performance for mental health related indicators was below or in-line the CCG and national averages; 67% of patients had received an annual review compared with the CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 88% which was above the CCG average of 84% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 84% compared with the CCG average of 91% and national average of 90%.

Clinical audits:

- There had been two clinical audits carried out in the last two years, one of these was a completed audit, however there was no evidence of any improvements and monitoring following this audit.
- For example, an audit of prescribing was undertaken to ascertain if patients with heart failure were prescribed optimised doses of a medicine which improved heart condition. In the first cycle they had identified some patients who were not on the optimised doses of this medicine and those patients were offered an appointment with their usual GP to have their medicine treatment optimised. The practice had completed the second cycle of this audit but had not analysed the results and reported.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory prescribing audits such as those for antibiotic prescribing.

Effective staffing

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, and basic life support. However not all new staff had completed the induction programme.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an

assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.

- The learning needs of staff were identified through a system of appraisals; however not all staff had yearly appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however there were many gaps in training records of the staff; the practice had no system to monitor staff training. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. The practice informed us they had weekly clinical meetings; however we saw no evidence to support this. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86%, which was above the Clinical Commissioning Group (CCG) average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 97% and five year olds from 83% to 98%. Flu vaccination rates for diabetes patients were 84% which was below the national average of 94%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the 18 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 19 patients including nine members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 84% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 79% said the GP gave them enough time (CCG average 84%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 90%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.4% (36 patients) of the practice list as carers. There were alerts set up in the practice's computer system if the patients had a carer. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had recently signed up to be part of local GP Alliance and provided two to three appointments seven days a week through primary care hubs which could be booked in advance; this was suitable for working patients and children who could not attend during normal opening hours.
- Patients could electronically check in on the touchscreens available in the reception area. The reception area had screens which showed practice procedures and local support information. The screens also displayed and announced the name of the patient, clinical staff and the room number when the patients were called in for their appointment.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were facilities for people with disabilities.
- The practice had a dedicated area for unwell patients next to the reception. It had a treatment couch and oxygen was made available.
- Homeless people were able to register at the practice.
- The practice offered a text messaging service which reminded patients about their appointments and reviews.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice provided minor surgical procedures including joint injections and coil fitting which reduced the need for referrals to hospital.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. GP appointments were available from 8:30am to11:30am and 3:30pm to 6:00pm daily; Nurse appointments were available from 08:30am to 12:20pm and 1:30pm to 5:30pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice had recently signed up to be part of local GP Alliance and provided three appointments seven days a week through primary care hubs; weekend appointments could be booked in advance.

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

- 51% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 71%; national average of 75%).
- 27% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 52% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice was aware of the poor results and had recently made changes to the telephone system and had changed the appointments system to allow improved access to regular appointments.

Listening and learning from concerns and complaints

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

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

We looked at 16 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. There was no ombudsman information in the response letter sent to patients. Lessons were not always learnt from concerns and complaints; however there was evidence that action

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

was taken to as a result to improve the quality of care. For example, a patient had complained that his prescriptions had been lost. The practice had investigated the complaint and found that there was no process in place to make sure prescriptions were dealt with appropriately in a timely manner. Following the complaint the practice had employed two prescription clerks so that prescriptions handed in at reception were immediately passed on to the prescription clerks for action.

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 high quality care and promote good outcomes for patients. The practice had a strategy and supporting business plans.

Governance arrangements

The practice had a framework which supported the delivery of good quality care; however this was not appropriately implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However the practice did not have enough senior clinical staff. The practice was planning to appoint a full-time advanced nurse practitioner to address this issue.
- Practice specific policies were present; however they were not made available to all staff. The practice had a folder with all practice policies, however these were not widely implemented nor regularly updated.
- The practice had no regular staff meetings to ensure communications to staff. The practice only had a reception staff meeting every two months which did not involve administrative nor secretarial staff. The practice had a partnership meeting which was ad hoc and informal and was not minuted. Communications to staff were informal and there was no system in place.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. There was a leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did. Staff felt they work well as a team.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The practice had significant changes in partnership and management structure in the last year and is currently being supported by NHS England and had away days as part of this; staff felt very positive about the away days.

The provider was not aware of the requirements of the Duty of Candour. However the partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active and engaged PPG with 18 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had recently improved the telephone system and had changed the appointments system to allow improved access to regular appointments. The practice had a difficult last year during which three partners retired or left the practice in a short time and the PPG supported the practice during this period. A member of the PPG came to the practice regularly during this period and spoke to the patients in the waiting area regarding the changes in the practice and to keep the patients reassured.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not ensured adequate fire safety measures were in place and that fire drills are undertaken on a regular basis. The provider had not ensured legionella and asbestos risk assessments were undertaken. The provider had not ensured that infection control audits were undertaken on a regular basis. The provider had not followed recruitment procedures when employing permanent and locum staff. This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not ensured that there was a robust system in place in the reporting and recording of significant events, and that learning is shared with all staff. The provider had not ensured that a business continuity plan was in place. The provider had not ensured patient records were stored securely. The provider had not ensured that the policies and procedures are updated and accessible to all staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) and 17(2) (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The chaperoning processes in place at the practice were not sufficiently robust. The provider could not demonstrate that all staff were trained to the appropriate level in child protection and other mandatory training. The provider had not ensured there was an effective process to ensure yearly appraisals were performed for all practice staff. The provider had not ensured that there were enough clinical staff to provide appropriate levels of care. This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.