

# Modern 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?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Requires improvement</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	11
Background to Modern Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Modern Medical Centre on 27 October 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 assessed and well managed, with the exception of those related to the control of substances hazardous to health (COSHH).
- Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, we found gaps in mandatory training for all staff including infection control, information governance, fire safety and safeguarding.
- Patients said they found it difficult to contact the surgery by telephone and that they were not satisfied with the practice opening times. Patients said urgent appointments were available the same day.
- Recruitment procedures were in place; however, recruitment checks were inconsistent and did not follow practice policy.
- Information about services and how to complain was available and easy to understand. Some action had been taken to improve the quality of care as a result of complaints and concerns.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvement are:

- Ensure all staff receive formal and consistent training in safeguarding, information governance and infection control relevant to their roles.
- Ensure systems are in place to monitor repeat prescriptions.
- Implement the actions identified in the legionella risk assessment and carry out a COSHH risk assessment.
- Ensure action is taken to improve all areas of patient satisfaction so that it is in line with national survey results, in particular with the practice's opening hours and access to the practice by phone.

The areas where the provider should make improvement are:

- Ensure pre-employment checks are carried out in line with practice recruitment policy.
- Improve childhood immunisation rates for five year olds to bring in line with national averages.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Maintain a record of decisions and actions arising from practice meetings and other formal meetings.

**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.

- Although not all non-clinical staff had received safeguarding training for their role, the practice did have systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed with the exception of those related to control of substances hazardous to health (COSHH).
- Recruitment procedures were in place; however, recruitment checks were inconsistent and did not follow the practice recruitment policy.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at comparable to the national average. However, childhood immunisation rates for five year olds were below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had received training in: safeguarding, infection control and information governance.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients response was below national average for most of the caring indicators.
- The practice could not evidence that they were proactively identifying carers in their practice.

## Are services responsive to people's needs?

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

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.
- Patients said they did not find it easy to get through to this practice by phone and that the practice opening times were not good.
- 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.
- The practice had facilities and was 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. Learning from complaints was shared with staff.

Requires improvement



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.

Good



# Summary of findings

- 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
- The practice sought feedback from staff and patients. There was a patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requires improvement for safe and responsive and good for effective, caring and well-led. The issues identified as requires 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.
- All older people had a named GP for continuity of care; however, they could also see any GP of their choice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for safe and responsive and good for effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group.

- Performance for diabetes related indicators was similar to CCG average but lower than the national average. For example, 65% of people with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 70% for CCG average and 78% for national average.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority for support from the nurses
- 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.

Requires improvement



### Families, children and young people

The provider was rated as requires improvement for safe and responsive and good for effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group.

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 comparable to CCG however below national averages for some childhood immunisations.
- The practice's uptake for the cervical screening programme was 76%, which was below the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **Working age people (including those recently retired and students)**

The provider was rated as requires improvement for safe and responsive and good for effective, caring and well-led. The issues identified as requires 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, however not all patients we spoke to were aware of this. There was a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening times between 6.30pm and 7pm Monday to Friday with the exception of Thursdays. Telephone consultations were available daily.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for safe and responsive and good for effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

**Requires improvement**



# Summary of findings

- 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. However, not all non-clinical staff had completed safeguarding training.

## People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and responsive and good for effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average.
- Performance for mental health related indicators was comparable to the national average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for the CCG average and 89% for the national average.
- 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, including those they looked after in the care home.
- 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 on July 2016. The results showed the practice was performing in line with or below local and national averages. Two-hundred and eighty-nine survey forms were distributed and 114 were returned. This represented 2% of the practice's patient list.

- 31% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 55% 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%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 60% 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. All of the 16 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 three members of the patient participation group (PPG) and three patients. 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.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure all staff receive formal and consistent training in safeguarding, information governance and infection control relevant to their roles.
- Ensure systems are in place to monitor repeat prescriptions.
- Implement the actions identified in the legionella risk assessment and carry out a COSHH risk assessment.
- Ensure action is taken to improve all areas of patient satisfaction so that it is in line with national survey results, in particular with the practice's opening hours and access to the practice by phone.

### Action the service **SHOULD** take to improve

- Ensure pre-employment checks are carried out in line practice recruitment policy.
- Improve childhood immunisation rates for five year olds to bring in line with national averages.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Maintain a record of decisions and actions arising from practice meetings and other formal meetings.

# Modern 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.

## Background to Modern Medical Centre

Modern Medical Centre is located in Romford in a purpose built building, providing GP services to approximately 5,525 patients. The practice also responsible for providing GP services to 36 patients at the local care home. Services are provided under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Havering Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and family planning.

The practice is staffed by two male GP partners and three locum GPs, one of whom is a female. The GPs provide 15 sessions Monday to Friday. The practice employs two part time practice nurses. There are five reception staff, one administrative staff and one practice manager. The practice is an approved teaching practice, supporting undergraduate medical students.

The practice and the practice telephone line is open between 8.30am and 1.30pm in the morning and 3.30pm to 6.30pm in the evenings Monday to Friday, with the exception of Thursday when the practice closes at 1.30pm. Appointments are from 9am to 12pm every morning and 3.30pm to 6.30pm daily. Extended hours appointments are

offered between 6.30pm to 7pm Monday to Friday, with the exception of Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them. The out of hours service is provided by another service Monday to Friday 6.30pm to 10pm and on the weekends between 9am to 6pm.

The practice has a higher than national average population of people aged 20 to 40 years and a lower than average population of people aged 55 to 85 years. Life expectancy for males is 77 years, which is lower than the CCG average of 79 years and national average of 79 years. The female life expectancy in the practice is 81 years, which is lower than the CCG average of 84 years and the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## Why we carried out this inspection

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.

Modern Medical Centre was not inspected under the previous inspection regime.

# 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 27 October 2016. During our visit we:

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

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

- Is it safe?

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

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

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

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

# 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 saw that recently there was an accident outside of the practice, which caused a vehicle to drive into the practice front doors. The practice was closed for three hours and re-opened the same day once they knew the building was safe. The management team have since, put bollards around the entire building to prevent such an incident happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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 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, we reviewed five staff training files and found two non-clinical staff had not received training on safeguarding vulnerable adults and one non-clinical staff had no completed training in safeguarding children relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to Level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff told us that they had received in house training two years ago and were able to demonstrate their responsibilities in infection control. Annual infection control audits were undertaken and we saw evidence that action was taken to address some improvements identified as a result and others were still being worked on.
- 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). There was no clear process in place for handling repeat prescriptions. Reception staff were not able to consistently tell us how often uncollected repeat prescriptions were reviewed and followed up, including 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

## Are services safe?

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).

- We reviewed five personnel files and found four member of staff had been recruited in 2015. There were records of qualifications and registration with the appropriate professional body for the clinical members of staff, although there were no records of CV or written references, the practice told us that they had worked for the practice prior to being employed and therefore knew the staff was of good character. We found that all staff had appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 carried out a legionella risk assessment in January 2016 and 10 actions had been identified as improvements; however, the practice had not carried out any of the actions. Within 48 hours of the inspection, we saw evidence that the practice have implemented some of the improvements and have documented when others will be completed by. (Legionella is a term for a

particular bacterium, which can contaminate water systems in buildings). The practice had not carried out a control of substances hazardous to health risk assessment although there was cleaning material on the premises.

- 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 had a defibrillator available on the premises and oxygen with adult mask and informed us that they could use invert the adult mask to use in children. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 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 93.6% of the total number of points available. The practice was not an outlier for 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 2015/16 showed:

- Performance for diabetes related indicators was comparable to CCG average but lower than the national average. For example, 65% of people with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 70% for CCG average and 78% for national average. The practice exception reporting was 4%, which was lower than the CCG average of 15% and national average of 13%. The practice told us that it was practice policy to not exempt patients unless there were special circumstances and these were clearly documented in the patient records. The clinical staff were able to demonstrate how they engaged and educated patients about their conditions and encouraged them to attend review appointments. We also saw that as a result, one of the GP partners had

attended diabetes training courses and was now able to titrate and make changes to insulin doses in patients, although they were not yet carrying out insulin initiation. GPs also told us they would be conducting a clinical audit to improve management of diabetic patients.

- Performance for mental health related indicators was comparable to the national average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for CCG average and 89% for national average.
- Performance for dementia related indicators was higher than the national average. For example, 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 83% for CCG average and 84% for national averages.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent audit had been carried out in June 2016 to identify patients at risk of stroke who were diagnosed with atrial fibrillation (AF), which is an abnormal heart rhythm. The practice identified that only 2% of patients with AF had a record of their risk of stroke in the past 12 months. The practice carried out a second audit in October 2016 after recalling patients and improved recording to 77%. We saw that the practice had plans to carry out a third audit in December 2016 as they continued to make contact with the remaining patients to achieve 100%.
- The practice participated in local audits, national benchmarking and peer reviews.

### Effective staffing

The practice could not demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a formal induction programme for newly appointed staff. However, the

# Are services effective?

## (for example, treatment is effective)

practice did have a staff handbook, which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff told us that they had received the practice hand book when they joined and used this as training material in their first months of employment.

- 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, we saw evidence of asthma, spirometry and diabetes updates in the last 12 months.
- 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 access to on line resources and discussion at CCG meetings.
- The learning needs of staff were identified through a system of appraisals as well as formal and informal meetings. Staff received ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included basic life support and in house chaperoning. We found staff had been given in house training on fire safety by the practice management team and staff could tell us their responsibilities in case of a fire. The management team told us that staff had received in house infection control training approximately two years ago; however there was no records to evidence this. We saw only two staff had completed online information governance training in October 2016, however when we spoke to staff they were not able to give examples of what they had learnt from the training and they told us that the training had too much information making it difficult to comprehend.

### 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, however clinical staff had not received training in 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. 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 example. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening

## Are services effective? (for example, treatment is effective)

programme and the practice followed up women who were referred as a result of abnormal results. 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 mixed compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80%

to 94% which was comparable to CCG and national averages and five year olds from 61% to 83% which was comparable to CCG average but lower than national average.

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 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.

All of the 16 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 three members of the patient participation group (PPG) and three patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practices satisfaction scores on consultations with GPs and nurses were mixed compared to local and national averages. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice told us that they had recently increased the number of GP appointments by employing three locum GPs in response to the survey scores. They believed this would allow GPs to give patients more time during the consultations to discuss concerns, discuss results of tests or examinations and make decisions together.

### 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 positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed compared to local and national averages. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments which was lower than the CCG average of 79% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 84% and the national average of 85%.

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

## Are services caring?

- 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**

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 17 patients as

carers (0.3% of the practice list). During the inspection, the management team quickly identified that they had not been recording carers correctly on their IT system and within 48 hours of the inspection have reviewed this and have provided us with evidence to show they have identified 66 carers (1.2% 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 them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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 carried out minor surgery, including coil fittings for their patients. The practice were also responsible for the care of 36 patients at a local care home for the past 15 years.

- The practice offered extended hours Monday to Friday, with the exception of Thursday, between 6.30pm and 7pm 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. There was no induction loop to aid people who had difficulty in hearing. There was an electronic board in the waiting room for patient call-system.
- All clinical rooms are on the ground floor and therefore easily accessible for patients with mobility issues.

### Access to the service

The practice and the practice telephone line was open between 8.30am and 1.30pm in the morning and 3.30pm to 6.30pm in the evenings Monday to Friday, with the exception of Thursday when the practice closed at 1.30pm. The practice was closed between 1.30pm and 3.30pm and all calls were directed to the out of hours provider. Appointments were from 9am to 12pm every morning and 3.30pm to 6.30pm daily. Extended hours appointments were offered between 6.30pm to 7pm Monday to Friday, with the exception of Thursday. 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 out of hour's service was

provided by another service, which was available Monday to Friday nights 6.30pm to 10pm and on the weekends between 9am to 6pm. Appointments could be booked by either the practice or patient.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 79%.
- 31% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 55% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, they said it was difficult to get through to the surgery via the telephone. The practice told us that they had online services to book and cancel appointments and order repeat prescriptions; however, the patient up take of the service was low. On the day of inspection, people told us that they were not aware of the online services available. This was also confirmed when we spoke to PPG who told us that they used online services but many of their friends in the practice had not been made aware of this service. The practice management team had introduced a second telephone line to help improve patient access; however, the reception staff were also dealing with patients at the reception desk at the same time. The practice told us that during peak hours there was two administration staff who supported with taking the calls and booking appointments. The practice had not carried out an audit to establish the impact of this on patients.

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. 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

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective 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 looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual

concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that there had been concerns about repeat prescriptions not being generated within the 48hours in line with practice policy. The practice introduced a new process to date stamp all repeat prescriptions on the day they were received in order to keep an audit trail of how quickly repeat prescriptions were generated, however this did not ensure they would be ready within 48 hours for patients to collect.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and a documented business plan which reflected the vision and values.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, the practice did not have adequate systems in place to respond to patient feedback about the poor telephone access to the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was a lack of management of formalised training for staff.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us 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.

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). 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 clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held formal team meetings every quarter as well as informal ah-hoc meetings when needed. However, when reviewing the practice meeting minutes we found that that they were inconsistent and did not have details of what was discussed in the meetings. Therefore, staff who did not attend these meetings would not be able to read and comprehend what was discussed at these meetings and outcomes.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients 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 PPG told us that they did not meet regularly and could only give one example of where they had submitted a proposal for improvements to the practice management team, which was acted on. For example, the PPG raised concerns about the lack of GP appointments and therefore the practice had recently increased GP sessions by employing three locum GPs. However, the PPG did not know that the practice had put these new improvements in place as a response to the feedback.

# Are services well-led?

Good 

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

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

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently been approved to become a training practice for graduate doctors aspiring to become GPs.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider failed to assess the risk to people from COSSH and had not addressed all the risks identified in the legionella risk assessment.</p> <p>The provider failed to give appropriate training to enable staff to carry out their duties. Staff did not have information governance or infection control training. Not all staff had received safeguarding training appropriate for their role.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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><b>How the regulation was not being met:</b></p> <p>The provider failed to act on feedback in order to drive improvements to the quality of service. The practice did not have effective systems in place to communicate how feedback had led to improvements.</p> <p>The provider did not have systems in place to manage repeat prescriptions.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>