

# Melrose Surgery - Dr Fab Williams & Partner

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We inspected Melrose Surgery - Dr FAB Williams & Partner on 21 January 2015. This was a comprehensive inspection.

We have rated the practice as inadequate, because improvements in safety, responsiveness to patients' needs, leadership and culture are required. On the basis of our findings and our judgements we are placing the practice into special measures.

Our key findings were as follows:

- National data showed the practice performed well in managing long term conditions but there was no system to drive clinical improvements through audits.
- Patients told us they were able to access appointments but some patients wanted a choice of female GP which was difficult as the female GP only worked one morning per week.
- The premises were not safely accessible for wheelchair users and access for buggies and prams was restricted. The practice was not clean in some areas and systems to manage infection control and cleanliness was poor.
- Medicines were checked and stored safely.
- Significant events and incidents were not reported by staff as they did not have a protocol or awareness of how to escalate concerns. Significant events and complaints were not investigated to ensure that where improvements were required, they were made.
- The practice did not have a plan for foreseeable emergencies which may occur and impact on the running of the service. There was no assessment to determine what equipment and medicines should be available in the event of a medical emergency.
- Not all the needs of the patient population were planned for, specifically those who may be most vulnerable.

# Summary of findings

- There was not a clear staff structure to identify responsibilities and staff were not supported to fulfil their roles.
- The practice was not registered for the regulated activity of Maternity and Midwifery services but was providing services to patients which required them to be registered for this regulated activity at this time of the inspection and the practice did not have a registered manager, a condition of their registration with the CQC. No applications were received by the date of the inspection.

There are areas where the provider must make improvements:

- ensure the monitoring of hygiene and infection control is adequate and reflects national guidelines and that medical instruments are cleaned in line with manufacturer's instructions
- review the system for identifying, recording and taking action when significant events occur to ensure that risks are identified and managed properly and where needed, improvements are made to the quality of service
- ensure employment checks are undertaken in line with legal requirements registration with professional bodies, references and employment histories
- review patient specific group directives required for the nurse to administer vaccines
- ensure vulnerable adults and children at risk of abuse are coded on the on patient record system so they can be highlighted to reception staff, GPs and nurses as part of the processes for protecting patients against abuse
- undertake a risk assessment and plan for medical emergencies to ensure that the practice is equipped to deal with them
- implement contingency plans for foreseeable emergencies.
- undertake a review and risk assessment of access to the practice for patients with mobility difficulties, who use wheelchairs, prams and buggies.
- provide staff with opportunities for communication and involvement in governance to ensure staff are involved in the running of the service
- create an audit schedule to ensure improvements to clinical practice are identified and implemented using complete clinical audit cycles as part of a system of monitoring and assessing the quality of the service
- ensure staff have their roles defined and that they have the support required to fulfil them

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services as there are areas where it must make improvements. Staff did not understand their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were not always undertaken and when they were, were not always thorough. There was a lack of process to identify and manage incidents and learning events. Lessons were not identified and improvements were not always made. Staff had an understanding of safeguarding. However, staff checks were not always adequate. There was no business continuity plan or disaster recovery plan. There was no flag for vulnerable children on the patient records system.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute of Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Data showed that the practice was performing well in caring for long term conditions. However, there was no system to drive clinical improvements via a system of audit. There was a risk that patients who received home visits were not always having their care planned and recorded appropriately. There was a lack of a programme of training for the practice nurse, although they had independently undertaken training to ensure they could perform their role. There was a lack of guidance related to consent and specifically the Mental Capacity Act 2005.

Requires improvement



### Are services caring?

The practice is rated as requires improvement for providing caring services. Data showed that patients rated the practice positively for several aspects of care. There was poor feedback from the national GP survey on involvement in decisions about care and treatment. Patients said they were treated with compassion, dignity and respect and they were mostly involved in decisions about their care and treatment. Information to help patients understand the services was available but was not always up to date. We also saw that staff treated patients with kindness and respect. There was a concern that patients' confidentiality may not always be maintained and the practice had not taken action to remedy this despite the issue being raised with staff.

Requires improvement



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services. It reviewed the needs of some patients based on their circumstances and background, but not all. Most patients told us they liked the appointment system and feedback from comment cards we received matched this feedback. However, patients were not always aware that they could book appointments in advance and this had some impact on those who worked. The practice did not make allowances for wheelchair users and patients who had babies or very young children. Wheelchair access was unsafe. Information about the service and external services was not all up to date or accurate. Complaints and patient feedback was recorded, reported or considered to ensure improvements were made to the service. Patients were not always responded to when they raised a concern. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.

Inadequate



## Are services well-led?

The practice is rated as inadequate for being well-led. It had a vision for the next five years but no clear strategy for delivering this. The culture within the practice did not enable staff to contribute to the running of the practice. The roles of management were not clear and therefore responsibilities were not attributed to management staff properly and the reception manager did not have the support required to manage the daily running of the practice. The practice had a number of policies and procedures to govern activity and staff had access to them such as safeguarding policies. However, but policies were sometimes inconsistent or not a reflection of the specific circumstances within the practice. Staff meetings did take place to deliver training, but they were infrequent and staff lacked opportunities to discuss concerns or raise areas of improvement with the lead partner or practice manager. The practice sought some feedback from patients, but did not identify concerns from complaints or act to improve the service. There was no patient participation group (PPG). Risk assessments were in place for certain areas of health and safety management. However, some risks to patients and others were not identified, assessed and managed to protect their welfare and safety.

Inadequate



# 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 practice is rated as inadequate for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population. External professionals were included in the planning and delivery of patients' care including palliative care. Home visits were not always planned and recorded in a way that ensured patients would receive safe and effective care. Access for patients with limited mobility was poor. Flu vaccinations were offered to patients and the uptake among those aged over 65 was above the national average. The provider was rated inadequate for the domains of safety and well-led and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. Longer appointments and home visits were available when needed. Patients were offered periodic reviews of their conditions and health in line with national guidance. The management of long term conditions involved protocols and monitoring of the practice's performance. National data showed the practice was performing well in managing chronic conditions. However, there was no system of audit to drive improvements to managing specific conditions. Flu vaccinations were offered to patients and the uptake among those with medical conditions which put them at significant risk of health problems associated with flu was above the national average. The provider was rated inadequate for the domains of safety and well-led and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



### Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Staff were aware of the legal requirements of gaining consent for treatment for those under

Inadequate



# Summary of findings

16. Appointments were available outside of school hours. The premises were not suitable for children and babies due to a lack of suitable access for buggies and prams. Safeguarding children training was provided to staff. However, children at risk of abuse were not flagged on the record system to alert staff. Performance on all childhood immunisations was above the 90% target. The provider was rated inadequate for the domains of safety and well-led and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

The practice is rated as inadequate 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. Health promotion and screening was provided to this group. A comprehensive health check was offered to all new patients. Some patients who worked reported the appointment system meant taking a longer time off work as some patients were not aware of being able to book advanced appointments. Patients generally reported a positive experience when making an appointment. Patient feedback, which was available from various sources, was not used to identify improvements to the practice. The provider was rated inadequate for the domains of safety and well-led and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Inadequate**



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

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice did not take steps to make its services accessible to patients living in vulnerable circumstances including homeless people and travellers. Access for disabled patients was not safe and inhibited their ability to access the practice independently. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. Significant events and incidents which may have identified improvements to the service, specifically for patients with conditions which may require additional support, were not identified, reported or investigated appropriately. The provider was rated inadequate for the domains of safety and well-led and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Inadequate**



# Summary of findings

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

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice provided health checks to patients with mental health concerns. The practice provided access to talking therapies and other mental health support services. Staff had received training on how to care for people with mental health needs. Multi-disciplinary meetings took place to manage patients with mental health concerns. The provider was rated inadequate for the domains of safety and well-led and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate





# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and 120 responses from the friends and family test. Data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 80% of practice respondents said GPs were good at listening to them and 81% of nurses were good at listening to them. The survey also showed 77% said the last GP they saw and 88% said the last nurse they saw was good at giving them enough time. These results were slightly below the clinical commissioning group average. The practice received positive feedback regarding how GPs and nurses treated patients with care and concern and this was above the regional average. The feedback from the friends and family test reflected these findings.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 42 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring. They said staff treated them with dignity and respect. We also spoke with five patients on the day of our inspection. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Five of the comments referred to poor experiences during consultations with a GP. The practice had not responded to any of the comments. We saw no evidence that patients experienced any kind of discrimination.

The patient survey information we reviewed had some poor outcomes regarding involvement in planning and making decisions about patients' care and treatment. For

example, data from the national patient survey showed only 69% of practice respondents said the GP involved them in care decisions (local average was 78%) and 74% felt the GP was good at explaining treatment and results (local average was 82%). Comment cards completed by patients recorded seven positive responses regarding involvement in care and treatment decisions.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

When we spoke with patients they understood the appointment system and were generally very satisfied with the ability to book an appointment. They said the call back system worked well and was normally within the two hour time period. The 2014 national GP survey showed 88% of respondents said they found it easy to get through to this surgery by phone and 85% of respondents are satisfied with the surgery's opening hours. These results were above the local average. Ninety six per cent of respondents said the last appointment they got was convenient, also above the regional average. However, only 48% with a preferred GP usually get to see or speak to that GP. This was well below the regional average of 62%. This was a result of there being only one GP working five days a week and the only female GP working one morning per week. Only 68% of patients registered here would recommend this practice to someone else.

## Areas for improvement

### Action the service MUST take to improve

- ensure the monitoring of hygiene and infection control is adequate and reflects national guidelines and that medical instruments are cleaned in line with manufacturer's instructions
- review the system for identifying, recording and taking action when significant events occur to ensure that risks are identified and managed properly and where needed, improvements are made to the quality of service

# Summary of findings

- ensure employment checks are undertaken in line with legal requirements registration with professional bodies, references and employment histories
- review patient specific group directives required for the nurse to administer vaccines
- ensure vulnerable adults and children at risk of abuse are coded on the on patient record system so they can be highlighted to reception staff, GPs and nurses as part of the processes for protecting patients against abuse
- undertake a risk assessment and plan for medical emergencies to ensure that the practice is equipped to deal with them
- implement contingency plans for foreseeable emergencies.
- undertake a review and risk assessment of access to the practice for patients with mobility difficulties, who use wheelchairs, prams and buggies.
- provide staff with opportunities for communication and involvement in governance to ensure staff are involved in the running of the service
- create an audit schedule to ensure improvements to clinical practice are identified and implemented using complete clinical audit cycles as part of a system of monitoring and assessing the quality of the service .
- ensure staff have their roles defined and that they have the support required to fulfil them

# Melrose Surgery - Dr Fab Williams & Partner

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

by a CQC Lead Inspector. The team included a GP, a practice nurse adviser and a practice manager adviser.

## Background to Melrose Surgery - Dr Fab Williams & Partner

Melrose Surgery - Dr FAB Williams & Partner is located in a converted building in Reading and has a population of approximately 1700 patients. The practice population has some economic deprivation although the proportion of patients affected by deprivation is higher among children and older patients. There were significant levels of homelessness and alcohol and substance misuse locally, with some small groups of travellers in the Reading area. There are a higher proportion of patients aged 35 to 50 registered with the practice than the national average. One male GP provided appointments five days a week and a female GP provided appointments one morning per week. There was one practice nurse. Patient services were located on the first floor and basement. There was no patient participation group (PPG).

Melrose Surgery - Dr FAB Williams & Partner The practice has a Primary Medical Services (PMS) contract. PMS contracts are subject to local negotiations between NHS England and the practice.

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

This was a comprehensive inspection and we visited the sole location where services are provided. This was:

Melrose Surgery

73 London Road, Reading, RG1 5BS

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed, but these were not displayed at the practice and on the website.

## 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

This provider had not been inspected before and that was why we included them.

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.

## How we carried out this inspection

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the South Reading Clinical Commissioning Group (CCG), Reading Healthwatch, NHS England and Public Health England. During the inspection we spoke with the lead GP, the practice nurse, the manager, reception staff and patients. We looked at the outcomes from investigations into a complaint and audits to determine how the practice monitored and improved its performance. We checked to see if complaints and feedback were sought and acted on. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including

relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises. We checked specific conditions were being reviewed in line with national guidance by looking at some patients' records.

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 patients' needs?
- Is it well-led?

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

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients living in vulnerable circumstances
- Patients experiencing poor mental health (including patients with dementia)

# Are services safe?

## Our findings

### Safe track record

The practice had some systems to identify risks and improve patient safety. For example, national patient safety alerts were received by the lead partner. Meetings were very infrequent and usually only organised for specific training meaning there was not the opportunity to discuss safety alerts in staff meetings. Staff were aware of their responsibility to raise concerns but did not know how to report incidents and near misses. There were no incident forms usually known as significant events in GP practices for staff to report concerns. There was an accident book but this had not been used to record any accidents in recent years. There were no records of incidents being discussed or learning outcomes shared with staff.

### Learning and improvement from safety incidents

The practice did not have an appropriate system in place for reporting, recording and learning from significant events. Significant events were not discussed at meetings. There was a small staff team so it would have been possible for the lead GP or manager to discuss the significant event outcomes informally. However, the practice was not identifying significant events appropriately. We were told about a recent event which led the police to be called. There was no investigation into the event to understand what could be done to improve patient and staff safety or help staff deal with the situation if it arose in the future. Staff told us of complaints raised by patients from a GP practice who share the same building regarding confidentiality. They were not recorded, reported or investigated. There was one record of a significant event that had occurred during the last 12 months. The findings had been discussed with the staff members involved to identify if any action was required. The outcome to the event was an apology to a patient but no record of changes to protocol or practice were identified. Staff did not understand the process to raise concerns, and to report incidents or near misses.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked

members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older patients, vulnerable adults and children. They were also aware of their responsibilities including how to contact the relevant agencies in working hours and out of normal hours. Staff were not aware of who the safeguarding lead was. Contact details were accessible to staff.

The practice had a GP as lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. The lead GP attended child safeguarding meeting regularly to discuss children at risk of abuse or harm and other cases of concern. There was a system available to highlight vulnerable patients on the practice's electronic records, but the GP was not coding these patients on the system so they would not be highlighted to reception staff, GPs or nurses.

There was a chaperone policy, which was visible in consulting rooms but not in reception. Only GPs and nurses performed chaperone duties and they had received the relevant training and criminal record checks were undertaken.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerator and found they were stored securely and were only accessible to authorised staff. There was a protocol used for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential fridge failure. Medicines stored in fridges were not overstocked to ensure they were kept at the correct temperature. There had been a loss of vaccines due to a fault in the working of the fridge and the appropriate action to dispose and restock the vaccines was noted by staff. The medicines we checked were within their expiry dates.

A new nurse had recently started working at the practice and they had begun to administer vaccines. To do this the nurse required a patient group directive (PGD) to be in place. However, the PGD in place at the practice was for the previous nurse not the current member of staff undertaking vaccines. Therefore the nurse was not administering vaccines legally. The nurses had training to administer vaccines.

# Are services safe?

There was a process for ensuring the practice was notified of medicine safety alerts. Blank prescriptions were stored securely to ensure that unauthorised staff or members of the public could not remove them. The nurse said that medicine alerts were forwarded by the practice manager via email but there was no formal process of the lead GP and nurse discussing them or formal system to review alerts as a practice.

## Cleanliness and infection control

Patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control. However, we observed the premises were not completely clean and tidy. There was dirt and dust on skirting boards and fittings in communal areas of the practice. We noted dust on furniture in two consultation rooms which were in use daily or weekly. There were cleaning schedules in place for monthly cleaning of areas and equipment such as furniture, high surfaces and doors. The schedule was named a monthly cleaning schedule but the only record of this being filled in suggested that the schedule had been completed 15 times in September 2014. No other recent records were available of the schedule being completed. Cleaning checks were undertaken by an infection control lead. The lack of cleanliness in some areas we identified and the ineffective systems used to monitor cleanliness suggested that the practice was not ensuring a hygienic environment was maintained. The staff member who managed the contract with the cleaners said that she had never had cause to discuss problems with the cleaning contractor even though the nurse said she regularly observed dust in the treatment room.

There was a system to identify which cleaning equipment should be used in different areas of the practice. However, the system did not relate to specific areas of the practice such as clinical treatment rooms or toilets. The cleaning equipment, such as cloths, meant to be designated for different areas of the practice was stored in one container in contact with each other, therefore the risk of cross infection was not mitigated.

The practice had a lead for infection control and all staff had undertaken relevant training. We saw hygiene and infection control audits were undertaken. The last audit dated October 2014 had identified no concerns or action to be undertaken. The audit did not accurately reflect the protocols or actual processes used within the practice. For example, the audit noted that a washer disinfectant was

used in the audit outcomes. There was no steriliser on-site and only single use instruments were used. The infection control policy was not tailored to the practice and it was inconsistent. For example, it stated in one section that instruments were sterilised onsite and stated only single use instruments were used in another part of the policy. The policy and systems used to monitor hygiene and infection control were inconsistent and not used appropriately. There was a risk that guidance was not being followed. The audit did not identify any of the concerns we found regarding cleanliness of consultation rooms.

The spirometer (used to assess patients with potential respiratory problems) was not cleaned according to the manufacturer's instructions. The inside of the spirometer required cleaning to ensure it worked accurately and reduce any risk of infection.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Staff had access to a sharps injury policy which they were aware of and knew the correct procedure to follow in the event of a sharps injury. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had undertaken a risk assessment for legionella and there were regular tests of the water system. Legionella is a germ found in the environment which can contaminate water systems in buildings.

## Equipment

Staff we spoke with told us they had the equipment they needed to enable them to carry out diagnostic examinations, assessments and treatments. We saw that all portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment such as blood pressure monitors. However, the spirometer was not checked to ensure it functioned properly. This was instructed by the manufacturer to ensure that readings are correct. This was important as the spirometer may be used to diagnose respiratory conditions such as asthma. We saw one container of medical supplies used to test for urine infections was out of date by over 12 months.

## Staffing and recruitment

# Are services safe?

Records we reviewed contained evidence that some recruitment checks had been undertaken on staff. For example, two staff had proof of identification, references, qualifications, registration with the appropriate professional body. However, the practice used a GP from another practice to undertake some home visits for the practice and no recruitment information or background checks from their own practice had been checked and no record kept at Melrose Practice. One staff member had started working without a reference from their most recent employer. Another had gaps in their employment history which had not been accounted for. Hepatitis B checks were not available nor any information on the health and fitness of nurses, GPs or other staff to perform their roles and undertake regulated activities.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The GP told us they could use locums to cover when they were away.

## **Monitoring safety and responding to risk**

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There were systems for checking the premises and medicines. However, equipment checks were not always undertaken. Staff received health and safety

training. Risk assessments for fire safety and control of substances hazardous to health (COSHH) were in place. Testing and maintenance on fire alarms and firefighting equipment were undertaken.

## **Arrangements to deal with emergencies and major incidents**

The practice did not have arrangements in place to ensure it could effectively manage emergencies. The practice had not based its medical equipment or medicines on a risk assessment of how long it would take emergency services to attend the practice, what emergencies were likely to occur based on treatments provided or how accessible the premises were. There was no oxygen stored. Some staff were not sure where the AED was stored, even though there was one stored on the premises. Emergency medicines were available in a secure area of the practice. They included medicines for the treatment of anaphylaxis as well as other medicines available which related to potential medical emergencies associated with treatments and examinations provided on-site. A pulse-oximeter was stored in the nurse's treatment room. Records showed that all staff had received training in basic life support.

A business continuity plan was not in place to deal with a range of emergencies that may impact on the daily operation of the practice. Consequently plans were not available to identify what action staff should take if the building was not able to be used or if the lead GP could not work at short notice.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP and the nurse we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and other relevant guidance. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. We looked at templates used in reviewing long term health conditions and found they were comprehensive and matched best practice.

The nurse and GPs did not have a formal means of communication such as meetings in order to discuss clinical guidance, although multi-disciplinary meetings were held. Patients with long term conditions, such as diabetes, were offered longer appointments for health reviews to assist in management of their condition. This enabled patients to receive the comprehensive checks they required to ensure their long term conditions were managed.

The practice did not undertake any enhanced services (these are services beyond those normally provided within GP contracts) other than extended hours on a Monday.

The practice used the quality and outcomes framework (QOF) to assess its performance. QOF is a national performance measurement tool. The QOF indicated that the practice was performing well clinically, such as referring patients to specialists with specific concerns within two week referrals. Outcomes for the management of health conditions was similar to other practices. The QOF achievement for the practice overall was 96%, above the national average of 94%.

We saw no evidence of discrimination when making care and treatment decisions. Discussions with staff showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring outcomes for patients. These roles included data input and

medicines management. However, roles were not always defined to enable staff to fulfil their responsibilities. For example, the reception manager was expected to fulfil a far broader role than that of managing reception, but they had not been given the guidance or support to do so.

Clinical audits were undertaken by an external staff member who was employed as needed by the practice. There was no overall programme of audit to identify, plan and monitor improvements to clinical care. We saw no audits or complete audit cycles which were repeated to monitor improvements to patient care. We saw medical condition reviews undertaken to identify the levels of patient need and ensure patients with specific conditions received appropriate health checks. For example, one review on learning disabilities identified what this section of patients' health needs and health checks required were. As there were no clinical team meetings the nurse had no means of being communicated with regarding review outcomes.

The practice used QOF to identify areas of improvement related to patient care. In 2013 the practice was significantly below the national average on diabetic outcomes and checks for patients. The practice responded by putting an action plan in place to improve the uptake of the checks and ensure that patient outcomes were closer to national averages in 2014. This proved successful from the 2014 results as checks and records patients' outcomes for the year with diabetes were close to national average. There was still a low take up of retinal screening for patients with diabetes.

The exception rates on the 2014 QOF results were lower than national average for several conditions including diabetes, mental health problems, stroke indicators and respiratory diseases. This indicated the practice took all reasonable steps to provide the treatment and care patients needed (exceptions could be when outcomes were unable to be included in QOF data, for example where specific treatment recommended by NICE was not appropriate due to individual circumstances). The practice had a low prevalence of long term conditions.

There was a protocol for repeat prescribing which was in line with national guidance. GPs reviewed patients on long term prescriptions in line with national standards. National data suggested the practice was prescribing medicines such as anti-biotics appropriately. There was a process for communicating medicine alerts to GPs.



# Are services effective?

## (for example, treatment is effective)

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had multidisciplinary meetings to discuss the care and support needs of patients and their families. The practice did not have responsibility for any local care or nursing homes but did care for patients if they became resident at a local care home and wished to stay registered with the practice.

### **Effective staffing**

Practice staffing included two GPs, a nurse, managerial and administrative staff. We reviewed staff training records and saw that all staff had access to an online training tool which enabled them to undertake courses such as information governance, infection control and fire safety. The nurse told us that they were supported to attend external learning events to help with their professional development. Staff had received inductions although it was not clear what each induction was to include due to a lack of plans. For example, the new nurse did not have a plan provided by the practice to supplement their professional development and ensure they had all the skills necessary to fulfil their role. The new practice nurse had undertaken training independently prior to being appointed to increase their understanding of long term conditions such as respiratory disease. They were the only nurse performing the health reviews for long term conditions and therefore needed to be able to provide the check-ups required and to an appropriate standard. The practice had employed the previous practice nurse part-time to assist the new nurse in their new role. The lead GP was up to date with their yearly continuing professional development requirements, which allowed them to work towards their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We saw records of annual appraisals that identified learning needs from which action plans were documented for reception staff but the nurse was too new to have had an appraisal. There was no induction pack for locum GPs to make them familiar with the service and ensure they could perform their role.

### **Working with colleagues and other services**

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers and we found no concerns regarding delays in how this system worked. A GP from another practice undertook some home visits for the lead GP when they could not do so due to other commitments. The GP from a different practice did not have a means of recording their consultations or treatment provided to patients. There was a risk they would not be able to access information about patients' such as allergies or serious health concerns. The lead GP explained that the external GP would phone him and relate details of his consultation and the lead GP would then annotate the patient's record with whatever action he planned to take. The external GP's findings and actions were not recorded as a separate consultation. This would make it difficult to attribute responsibility in the event of a mistake being made.

The practice discussed the care of patients with complex needs, for example, those with end of life care needs, patients with mental health concerns or children on the at risk register as needed. However there was no formal process for staff to raise concerns during clinical or team meetings to share concerns about patients. The nurse told us they could communicate with the GP when they needed to.

### **Information sharing**

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals. The practice made use of the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems to record patients' information. Staff had access to an electronic patient record system to coordinate, document and manage patients' care.

# Are services effective?

## (for example, treatment is effective)

However, the lead GP only annotated patients' records and did not always use nationally recognised codes to identify specific patient concerns that could be identified by other staff, such as child protection alerts.

### **Consent to care and treatment**

We found that the lead GP was aware of the Mental Capacity Act 2005 and their duties in fulfilling it. However, there was no training provided to nurses through induction or ongoing training. There was no protocol for the practice to follow to ensure that when the nurse was aware a patient may lack capacity to make a decision they had a process to follow. Patients we spoke with reported being informed and feeling involved in decisions about their care so they could consider making informed choices when providing consent to their care. The GP and nurse we spoke with had a good understanding of the Gillick competency principles which relate to gaining consent from patients under 16.

### **Health promotion and prevention**

It was practice policy for newly registered patients to have a medical check. The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability, but did not provide annual health checks, only checks in response to specific concerns. We saw evidence that the GP did make referrals for screening of specific conditions for patients with a learning disability where

there were any concerns. The smoking status was recorded for 95% of patients with health conditions and 81% for the whole patient population over 15 years old. Smoking cessation appointments were offered by nurses and healthcare assistants. These were offered to 97% (above national average) of patients with health conditions and 64% (below national average) of patients without health conditions.

Public health initiatives were offered at the practice including cervical screening and chlamydia testing. The practice's performance for cervical smear uptake was 66% which is below the national target of 80%.

However, the practice had a system to send patients an additional reminder when they did not attend for their cervical smear. This supplemented the reminders sent from the national screening centre.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Travel advice was offered and available during extended hours appointments. Performance on all childhood immunisations was above the 90% target. Flu vaccinations were offered to patients and the uptake among those aged 65 and older and those with medical conditions which put them at significant risk of health problems associated with flu were both above the national average.

A talking therapies service was available for the GP to refer patients to if they had mental health conditions.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and 120 responses from the friends and family test. Data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 80% of practice respondents said GPs were good at listening to them and 81% of nurses were good at listening to them. The survey also showed 77% said the last GP they saw and 88% said the last nurse they saw was good at giving them enough time. These results were slightly below the clinical commissioning group average. The practice received positive feedback regarding how GPs and nurses treated patients with care and concern and this was above the regional average. The feedback from the friends and family test reflected these findings.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 42 completed cards and the vast majority were positive about the service experienced. Patients said they felt the practice offered a helpful and caring service. They said staff treated them with dignity and respect. We also spoke with five patients on the day of our inspection. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We saw no evidence that patients experienced any kind of discrimination.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations. However,

conversations taking place in these rooms could be overheard outside the door of the lead partner's consultation room and this had been reported by patients who waited to see a GP from a different practice.

### **Care planning and involvement in decisions about care and treatment**

The patient survey information we reviewed had some poor outcomes regarding involvement in planning and making decisions about patients' care and treatment. For example, data from the national patient survey showed only 69% of practice respondents said the GP involved them in care decisions (local average was 78%) and 74% felt the GP was good at explaining treatment and results (local average was 82%). Comment cards filled in by patients noted seven positive responses regarding involvement in care and treatment decisions.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translators were available for patients who did not have English as a first language and they could be booked prior to appointments. However, a phone translation service was not used. This service could benefit patients who may need an emergency appointment.

### **Patient/carers support to cope emotionally with care and treatment**

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room contained some information regarding carer support services and other support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had not sought the views of its patient population in recent years but was in the process of undertaking the friends and family test. Therefore there was little data for the practice to respond to and consider in order to ensure it met patients' needs. Feedback on NHS Choices suggested there were some patients who were unhappy with consultation styles. But this was not looked at or considered by the practice.

There was information for patients on the practice and external services in reception but some of this was out of date. Patients we spoke with said booking an appointment the same day was difficult if you worked, and one patient needed to take a whole day off in order to see their GP. However, advanced appointments were available but the patient was not aware of this. The lack of patient feedback in the past meant issues of this nature were not identified or acted on.

The practice was staffed by one male GP five days a week and one female GP one morning per week. We saw patient feedback which suggested that it was very difficult to get an appointment with the female GP because they were available on one day a week. Home visits were available for patients if needed.

### Tackling inequity and promoting equality

Some of the needs of the practice population were understood by the lead GP and staff, such as specific groups of ethnic minorities who attended the practice. However, there were no set protocols or means of providing staff with awareness of how to ensure patients in some vulnerable circumstances were able to access GP services. For example, there was no consideration of how to register or ensure a patient who was homeless could access a GP appointment by either enabling them to register with this practice or referring them to the local Walk-in centre. There was a significant number of homeless patients, those with drug and alcohol problems and a small contingent of travellers in the Reading area. The practice had not assessed the extent of any homeless patients or travellers who may have difficulty in accessing GP services. The practice took some steps to ensure patients who were in

vulnerable positions or who needed specific assistance were able to access the healthcare they needed. For example, an online booking system was in place for patients who worked or who had difficulty using the phone.

The practice had access to translators for patients whose first language was not English and these could be booked in advance of an appointment. However, a phone translation service was not available for patients who may have needed quick access to care.

The front of the premises were accessible via stairs. A ramp for wheelchairs, prams and buggies was provided at the rear of the premises and a path leading to the car park. This was very steep and could have been unsafe and unsuitable for wheelchair users to use independently. It was narrow in one section and may have been unsuitable for some wide wheelchairs. The door threshold at the rear of the practice had a ridge that was too high to be suitable for wheelchairs. There was a buzzer at the rear of the practice for patients to use in order to gain assistance but this was broken. If it was working there was no way of alerting reception a wheelchair user was attending the practice until they had made it to rear of the premises, meaning they would have to use the steep ramp without staff knowing and not being aware if an accident occurred. There was no disabled car parking space onsite. The practice had not undertaken a Disabled Discrimination Act (2010) assessment. The potential risks for any patients using this access had not been identified, assessed or managed. The waiting area would not have been accessible for wheelchair users but there was space to wait outside consultation rooms. There was a lift to consultation and treatment rooms which were located on the first floor. Accessible toilet facilities were available for disabled patients. There was a sign at the front of the practice requesting buggies to be left outside. This made access difficult for patients with babies or young children.

### Access to the service

GP Appointments were available from 8.50am to 6pm on weekdays, other than Thursday when the practice closed for appointments at 10.30. Receptionists were available from 8am to 6.30pm and until 5pm on Thursdays. Information was available to patients about appointments on the practice website. . There was no information about how to arrange urgent appointments and home visits on the website. Online appointments were available.

# Are services responsive to people's needs?

## (for example, to feedback?)

Patients mostly understood the appointment system and were generally very satisfied with the ability to book an appointment. Some did not know they could book advanced appointments. On the 2014 national GP survey 88% of respondents said they found it easy to get through to this surgery by phone and 85% of respondents were satisfied with the surgery's opening hours. These results were above the local average. Ninety six per cent of respondents said the last appointment they got was convenient, also above the regional average. However, only 48% with a preferred GP usually got to see or speak to that GP. This was well below the regional average of 62%. This was a result of their being only one GP working five days a week and the only female GP working one morning per week. Patients also reported positive feedback through comments cards and when we spoke with them about getting an appointment. However, only 68% of patients would recommend the practice to another person.

Longer appointments were available for patients who needed them, those with long-term conditions and those in vulnerable circumstances. This also included appointments with a named GP or nurse.

### **Listening and learning from concerns and complaints**

The practice had received one complaint in the last year. There was a response to the complaint. There was no complaints policy and no means of advertising to patients how they should raise a complaint. Verbal complaints raised by patients from another practice regarding confidentiality had not been investigated and no action was taken. We looked at the NHS Choices website and saw eight comments were left in 2014 regarding this practice. Five of the comments referred to poor experiences during consultations with a GP. The practice had not responded to any of the comments. Patients from another practice complained to receptionists at Melrose Surgery Dr FAB Williams that conversations taking place in these rooms could be overheard outside the door of the lead partner's consultation room. No action had been taken to remedy this despite it being reported to the practice.



# Are services well-led?

(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 document which included statements about the overall vision for the next five years. This referred to succession planning and potential improvements that could be made to the practice. There was no strategy or a detailed plan about how these aims would be achieved.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available in the practice manager's office. All the policies and procedures we looked at were reviewed periodically and were up to date. However, the hygiene and infection control policy was inconsistent and inaccurate in places.

Staff undertook roles such as checking stock, reviewing patients who needed to be called in for health checks and monitoring the premises. However, staff were not certain of all aspects of their roles, specifically in recording and reporting incidents and significant events. Significant events were not identified as a system of identifying, assessing and managing risks to patients, staff and others. One staff member did not have their role defined in order to understand their responsibilities. The monitoring of some specific areas such as infection control was not carried out consistently. Staff were not clear who to report safeguarding concerns to within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. Minimal use of audits to monitor clinical performance was undertaken. However, reviews of patient care where concerns were identified and undertaken, specifically into diabetes care, were undertaken in response to concerns identified by QOF.

The practice had arrangements for identifying, recording and managing some risks. Risk assessments had been carried out for fire safety, control of substances hazardous to health but a business continuity plan which identified potential risks to the running of the service had not been completed. The practice had not identified that the risk

that wheelchair access was potentially unsafe. There was no risk assessment on the general access to the premises or on the event of medical emergencies to determine whether the practice was able to respond appropriately.

The practice held meetings once every six months but the minutes from these suggested they were only used to deliver internal training. Therefore, staff were not given the opportunity to discuss governance issues, changes to protocols or raise concerns and issues in an open environment. E-mails and informal discussions were used to discuss changes to protocols or policy.

### Leadership, openness and transparency

Staff did not have the opportunity to attend meetings regularly and they told us the culture within the practice was not open and communication was difficult. This was reflected in the lack of reporting of complaints and incidents which should have been investigated and acted on. Staff did not feel involved in the running of the practice. The staff member named as practice manager was available for up to two hours per week and the reception manager undertook much of the daily running of the service. The reception manager's job was not clearly defined and they did not receive the appropriate training and support to enable them to know what their role encompassed and how to deliver it.

We were shown the electronic staff handbook that was available to all staff, which included sections on induction and policies. This was made available to staff.

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

The practice did not have appropriate systems to investigate and respond to concerns raised by patients. There was no process to ensure complaints and verbal feedback could be provided by patients. Feedback from NHS Choices website had not been looked at, considered or responded to by the lead GP. The practice did not have a patient participation group (PPG).

### Management lead through learning and improvement

The practice did not fully support staff to maintain their clinical professional development through training and mentoring. The new nurse did not have an adequate induction process as this lacked input from the lead GP and there was no formal programme of training. The nurse's induction plan was not robust as it did not encompass all

# Are services well-led?

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

the areas of care and the responsibilities they needed to undertake. We looked at staff files and saw that appraisals took place. The practice had a whistleblowing policy which was available to staff.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations  
2010 Cleanliness and infection control

The provider was not protecting service users, staff or others who may be at risk from the risks of infection because effective systems were not being operated to prevent, detect and control infection. Regulation 12 (a)(b)(c)(2)(a)

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations  
2010 Requirements relating to workers

The provider did not take reasonable steps to ensure that employees were of good character and that information required under schedule 3 was available. Regulation 21 (a)(i)(b)

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations  
2010 Complaints

There was not an effective system to for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity. The complaints system was not brought to the attention of service users and persons acting on their behalf in a suitable manner and format. Regulation 19(1)(2)(a)

#### Regulated activity

#### Regulation



This section is primarily information for the provider

## Compliance actions

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 9 HSCA 2008 (Regulated Activities) Regulations  
2010 Care and welfare of people who use services

The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or be likely to affect, the provision of services, in order to mitigate the risks arising from such emergencies to service users. Regulation 9(2)

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The provider did not monitor the quality of the service provided and was not identifying, assessing and managing risks to services users and others who may be at risk. Changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware relating to the analysis of incidents that resulted in, or had the potential to result in, harm to a service user, were not made. Regulation 10(1)(a)(b)(2)(c)(i)</p>