

# Brigstock Family Practice

## Quality Report

83 Brigstock Road  
Thornton Heath  
CR7 7JH  
Tel: 020 8689 7800  
Website: brigstockfamilypractice.com

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Brigstock Family Practice provides a GP service to 4,100 patients in the Thornton Heath area of Croydon.

We carried out an announced comprehensive inspection on 16 October 2014. The inspection took place over one day and was undertaken by a lead inspector and a GP specialist advisor.

Overall the practice is rated as requires improvement.

Our key findings were as follows:

- We found the practice was caring. Patients told us staff respected their privacy and dignity, the services provided were suitable and they received the care and treatment they needed. They said the doctor gave them the time they needed, listened to their concerns and explained things to them in ways they understood.
- We found the practice was effective. Patients were assessed and treatments were in line with local and

national guidance. Staff received the training and support they needed to carry out their role and the practice worked with other health and social care providers to ensure joined up care and treatment.

- We found the practice was responsive. There was a range of bookable and emergency appointments and patients could book appointments on line, by phone and in person. Suitable arrangements were in place for repeat prescriptions and patients said these worked for them. The practice had a Patient Participation Group which met regularly and carried out a survey to seek patients views on the services provided. The practice had responded to patient suggestions by increasing their opening hours and providing extended hours and nurse appointments.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure prescription pads are stored securely when in use to be in line with current guidelines;
- Provide reception staff with gloves and spill packs;

# Summary of findings

- Ensure recruitment checks include obtaining references and a Disclosure and Barring Scheme check before clinical staff start work and
- Ensure the fire alarm system is tested weekly and serviced annually.

In addition the provider should:

- Develop a chaperone policy;
- Update the equipment checks to include pads for the defibrillator and oxygen pipe and
- Get a copy of the London child protection procedures.

**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 as there are areas where it should make improvements.

Systems were in place to identify and respond to risks and to deal with safety alerts. Incident reports were shared with staff at weekly meetings. Significant events were recorded and reviewed and any learning was shared. Suitable policies and procedures were in place for health and safety, infection control, recruitment and safeguarding, and these were kept under review. Staff recruitment practices had not included seeking references and making Disclosure and Baring Scheme checks on clinical staff before they started work at the practice. However, an action plan had been developed and these checks were now being carried out. Policies, procedures and practice protected children and vulnerable adults from the risk of abuse, however, the provider did not have a copy of the London child protection procedures. Suitable arrangements were in place for storing, checking and recording medicines. Staff had access to medicines and equipment to respond to medical emergencies.

**Requires improvement**



### Are services effective?

The practice is rated good for providing effective services.

Clinical staff referred to national and local guidance regarding approaches to care and treatments provided. Patient's needs were assessed and treatments provided were in line with current legislation. The practice provided suitable services to meet the health needs of the local population. Audits were completed to review outcomes for patients. The practice used data and met with the Clinical Commissioning Group (CCG) and other local practices to compare outcomes for patients. Staff had access to the training they needed to carry out their role. Arrangements were in place for staff to receive annual appraisals. Clinical staff met with other health and social care providers to ensure patients received consistency of care. Information about how to maintain healthy lifestyles was available to patients and clinical staff gave advice on diet and referred patients to exercise classes.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

Patients said they were treated with kindness and their privacy and dignity was respected and maintained. We saw staff greeted and spoke with patients in appropriate and respectful ways. Patients were involved in making choices and decisions about their care and treatment. There was a range of information at the practice and on the website to help patients deal with minor illnesses. Arrangements were in place to access translators when required.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Staff understood the health needs of the local population and engaged with the Clinical Commissioning Group (CCG) and local practices to improve services when required. Patients were satisfied with the arrangements for appointments. The premises had been adapted to allow access for patients in a wheelchair; a lift was available so patients could access all consultation rooms. Patients were aware of how to make a complaint. Suitable arrangements were in place to manage and respond to complaints.

## Are services well-led?

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

Requires improvement



The practice had a vision and a strategy but not all staff were aware of this. There was a documented leadership structure and staff felt supported by management. The practice had suitable policies and procedures that were kept under review and new staff were informed of during their induction. However, review of staff records identified recruitment procedures were not routinely followed and the practice audit systems had not identified this. While minutes of practice meetings were shared with all staff, clinical and weekly meetings were not routinely minuted. The practice sought feedback from patients and had an active Patient Participation Group.

# Summary of findings

## What people who use the service say

We received three comment cards completed by patients who visited the practice during the two weeks before our inspection. Patients made positive comments about the way they were treated, saying that staff were respectful and helpful. We spoke with four patients during our inspection. They said the doctor was caring and respectful. Patients felt their privacy and dignity were respected and maintained by all staff at the practice.

The results from the 2014 GP survey showed 80% of patients said the GP was good at listening to them. Seventy five % said the GP was good at giving them enough time. Seventy six % of patients said their experience of the practice was good and 63.5% of patients would recommend their GP to others. These

responses were amongst the lowest in the Croydon Clinical Commissioning Group (CCG) area. Forty eight % of patients were satisfied with the level of privacy at reception.

The practice had developed a Patient Participation Group who carried out a patient survey between September 2013 and February 2014. The practice received 56 responses. Eighty six % of respondents stated they were able to speak with a clinician on the day or within a week of their contact. The remaining 14% saw the doctor within two weeks. The practice developed an action plan in response to patient comments and increased the opening hours until 8pm on a Monday and was open from 8am daily. In addition the practice added two nurse appointments a week.

## Areas for improvement

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

- Ensure prescription pads are securely stored when in use to be in line with current guidelines
- Ensure reception staff have a supply of gloves and spill packs
- Ensure references are sought for all staff and DBS checks completed for clinical staff and those other staff as required

- Carry out a weekly test of fire alarm and an annual service

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

- Develop a chaperone policy
- Ensure the system to check equipment includes the defibrillator
- Get a copy of the London child protection procedures

# Brigstock Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector with a GP specialist advisor.

## Background to Brigstock Family Practice

Brigstock Family practice is a single location practice providing primary medical care to 4,100 patients in the Thornton Heath area of Croydon. The local area has above the national average of patients under the age of 18 and below average numbers of older people. There is one female GP and two long term locum GPs, one male and one female. Two part time nurses, both female and a female health care assistant work at the practice one day a week. The practice is registered with the Care Quality Commission to provide the regulated activities of: diagnostics and screening, family planning, maternity and midwifery, treatment of disease, disorder or injury and surgical procedures.

The practice has a Primary Medical Services contract, under which they provide asthma, chronic heart disease, chronic obstructive pulmonary disease and diabetes clinics. The practice has an additional services contract to offer: smear tests; contraceptive advice; child health surveillance; maternity; immunisations and some minor surgery. They also provide enhanced services of childhood immunisations; flu immunisations and diabetes management.

The practice is open from 8am-8pm Monday and Tuesday, Wednesday, Thursday and Friday from 8am-7pm. Providing extended opening hours every Monday between 6.30pm and 8pm.

The practice has opted out of providing out-of-hours services to their own patients, who are advised to ring the NHS 111 service when the practice is closed.

Local hospital services are provided at Croydon University Hospital and community services are provided by Croydon Health Services. Community and Mental Health Services are provided by South London and Maudsley NHS Foundation Trust.

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.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

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

# Detailed findings

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, the Clinical Commissioning Group, NHS England and Healthwatch Croydon to share what they knew. This did not highlight any significant areas of risk.

We carried out an announced visit on 16 October 2014. During our visit we spoke with a range of staff including the GP, practice manager, nurse, reception and administrative staff and we spoke with four patients who used the service. We reviewed comment cards where patients who visited the practice in the two weeks before our inspection gave their opinion of the services provided. We observed how patients were being cared for. We looked at the provider's policies and records including, staff recruitment and training files, building and equipment maintenance, health and safety, infection control, complaints, significant events and clinical audits.



# Are services safe?

## Our findings

### Safe track record

Suitable systems were in place to identify risks and improve safety for patients. Incidents were reported and investigated. The doctor received and acted on national patient safety alerts and safety alerts from the Medical and Healthcare Products Regulatory Authority and cascaded this information to other clinical staff.

Staff we spoke with were aware of their responsibilities to raise and report concerns and near misses.

We looked at incident reports. Where a clinical issue had arisen, the GP had written up the case which was then discussed with clinical staff and the report made available for all clinical staff. Staff we spoke with confirmed they were informed about incidents at weekly meetings, although minutes were not taken of these meetings.

The practice had developed policies and procedures for staff recruitment, safeguarding children and vulnerable adults, infection control and health and safety. These documents were kept under review and were accessible to all staff electronically. Staff signed to say they had read and understood policies as a part of their induction.

### Learning and improvement from safety incidents

There were systems in place for staff to report, record and discuss significant events to share learning. Staff we spoke with were aware of the learning from significant events and said these were discussed at the weekly 'huddle' the name of the weekly administrators meeting. For example, changes had been made to how letters were dealt with and recorded and alerts were now added to certain high risk patients notes. We viewed records of three significant events analysis and three 'near misses' and noted actions to prevent similar incidents occurring in the future. While the practice manager was aware of the incidents that needed reporting to the Care Quality Commission (CQC), records showed the police were called to the practice on one occasion and CQC had not been informed.

### Reliable safety systems and processes including safeguarding

The provider had developed child protection policies which were available to staff, however they did not have a copy of the London child protection procedures. Staff reported concerns or issues to be referred to the local authority to the practice manager or the doctor. Staff demonstrated an

understanding of what constituted abuse and the actions they needed to take to protect children. Clinical staff spoken with had completed child protection training to Level 3 and administrative staff to Level 1. Training records for two locum doctors did not confirm they had completed child protection training to the required level. Training records demonstrated staff did role play of child protection scenarios as part of their learning and they discussed incidents, issues and concerns at weekly meetings. There was a system on the electronic records to identify if a child was subject to a child protection plan. The doctor knew the number of children at risk on the patient register. While the doctor was not able to attend child protection case conferences and meetings, she did send a report. The doctor had monthly meetings with health visitors but said they could contact them in between meetings if required.

The provider had a copy of the Multi-agency guidelines and had their own policy for the protection of vulnerable adults. Staff completed training in safeguarding in February 2014, although there was no evidence that locum doctors had completed this training.

We identified that the provider did not have a chaperone policy. The doctor said they would call the nurse if they needed a chaperone and that this had happened once in the last year.

### Medicines management

Medicines were securely stored. We saw suitable arrangements were in place for checking medicines and the random sample we looked at were in date.

The temperature of the fridges where immunisations were stored were checked and recorded daily, we saw they had been constant and within the required range. Staff spoken with were aware of the safe range and actions they needed to take if the temperature went out of the safe range. Paper records were maintained of injections given and arrangements were in place for stock control. All immunisations and vaccinations were seen to be in date.

While prescriptions pads were in an area not usually accessible to patients, they were not locked away when they were not in use which meant they were not secure from unauthorised access. Controlled drugs were not kept at the practice.

Suitable systems were in place for repeat prescriptions. There was an effective repeat prescribing policy. Systems were in place for regular medication reviews to take place.

# Are services safe?

Patients could hand deliver their request to the practice or send it by fax or post or complete an electronic request with the designated pharmacy. Patients we spoke with confirmed that the process worked for them and this was confirmed by a review of patient records.

## Cleanliness and infection control

We saw the premises were clean. Patients told us the practice was always clean when they visited. There was an infection control lead. A cleaner was employed and there was a suitable cleaning schedule in place which included consultation rooms and the waiting room being cleaned daily and additional weekly and monthly tasks. A member of staff was responsible for checking the cleaning although there were no records to show these checks had been completed recently. The doctors and nurse were responsible for cleaning the consultation beds after examinations.

The provider had developed an infection control policy which staff signed to confirm they had read and understood it as part of their induction. An infection control audit was carried out in August 2014 in which a few areas were identified as needing improving. For example using black bin liners rather than clear ones and to check if spill packs were available. Records were not available to confirm the issues had been addressed, although we saw some changes had been made. However, staff did not have access to spill packs if they were needed to deal with a spillage of bodily fluids. Hand wash signs were displayed above sinks to remind staff of the correct way to wash their hands.

Systems were in place for patients to put samples in a container to be sent to the local hospital for testing. However, reception staff did not have access to disposable gloves during our visit.

A test on the water system had been completed in 2011. This identified that regular checks should be completed but, there was no evidence to confirm these tests were carried out.

## Equipment

Staff we spoke with confirmed they had the equipment they needed to carry out their role. Arrangements were in place for equipment to be tested and calibrated annually with the last check carried out in February 2014.

Portable electrical appliances were tested in July 2014 and the electrical wiring was checked in June 2014. A fire risk

assessment was completed in May 2014 and fire extinguishers were checked in August 2014. Staff tested the fire alarm monthly and issues were reported to the provider's maintenance department. This should be completed weekly. Records did not show when work required was completed. There were no records of the fire alarm being serviced regularly by a contractor. There were no recorded fire drills.

## Staffing and recruitment

The provider had developed suitable recruitment policies which included the required checks. However, a review of staff records showed some routine checks had not been completed for all staff, with references not in place for nine members of staff and Disclosure and Barring Service (DBS) checks not completed for two members of clinical staff. The practice manager had developed an action plan and risk assessment and was requesting references and DBS checks for staff where required. Appropriate checks were made on clinical staff qualifications and registration with either the General Medical Council or the Nursing and Midwifery Council. Evidence that the person's identity had been checked were in place for all staff. The hepatitis status of clinical staff had been checked when they started work. We saw recruitment checks were made on locum GPs used at the practice. The GP covered four sessions a week and carried out four triage sessions, the other sessions were covered by a mix of regular and agency locum GPs. The practice manager told us they had reviewed the staffing structure and were in the process of recruiting a salaried GP to cover 18.5 hours which would leave them with four locum sessions to be covered each week.

## Monitoring safety and responding to risk

Suitable systems were in place to identify and manage risks to patients and staff at the practice, including risk assessments and regular checks of the environment and equipment. Health and safety policies were in place and we saw relevant information displayed for staff. There were access codes on doors so only staff could get to offices and the staff side of reception.

## Arrangements to deal with emergencies and major incidents

Arrangements were in place to deal with a range of emergencies. Records showed all staff completed training in basic life support each year. The registered manager had missed the most recent training session and arrangements were in place for this to be completed. Equipment was

## Are services safe?

available to staff to deal with medical emergencies including oxygen and a defibrillator. The nurse was responsible for checking this equipment. We found there was no pipe for the oxygen (it had been used the previous week) and the pads for the defibrillator were out of date. These items were ordered during our visit. Medicines were in place to deal with a range of medical emergencies. Systems were in place for these to be checked and replaced when required. We saw these medicines were within their expiry date and fit for use.

The practice had developed a business continuity plan which was kept under review. They had arrangements with a neighbouring practice should they need to leave the building in the event of an emergency. There were details of actions staff needed to take in the event of a range of emergency situations including power failure, flood and adverse weather conditions. The document was available electronically and accessible from any location. Emergency contact details for engineers and repair services were readily available to staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP attended cluster group meetings in the Clinical Commissioning Group (CCG) area where new guidance from the National Institute for Health and Care Excellence was discussed. She had recently attended a clinical update training session. The GP carried out audits of 1% of consultation records completed by locum GPs, to ensure that national and local guidelines were being followed. There were systems in place for the GP to cascade medical and drug alerts to clinical staff.

The GP and nurse we spoke with demonstrated a clear understanding of the local population and their related health needs. Informal arrangements were in place for peer review with seven other GPs at the bi-monthly CCG meetings. They reviewed data and looked at referral rates, prescribing and attendance at accident and emergency.

We saw no evidence of discrimination with decisions regarding care and treatment

### Management, monitoring and improving outcomes for people

Staff said they discussed Quality and Outcomes Framework (QOF) at the weekly 'huddle' (meeting). QOF is the voluntary incentive scheme used to encourage high quality care, with indicators to measure how well practices are caring for their patients. The GP attended regular meetings with the CCG where they compared data and reviewed the use of patient pathways. The GP had acted as advisor on the dermatology pathway within the CCG.

Records showed regular medication reviews took place for patients with long term health conditions. Repeat prescribing was in line with national and local guidance.

The practice had a system in place for completing clinical audit cycles. We reviewed a completed audit cycle of dermatology which included the outcomes and follow up numbers. Examples of other audits we reviewed included one carried out in March 2014 regarding the use of a medicine to prevent blood clots forming. This affected four patients and the actions included discussing changing medicines with three of them. This audit had not been repeated. The audit of referrals identified that the practice was in the top quarter for referrals in the CCG area.

In response to high attendance rates at accident and emergency departments, the GP implemented a telephone triage system in 2013. We were told that the learning from phase 1 of the audit had led to a reduction in the number of patients who attended accident and emergency department.

The nurse worked with the Patient Participation Group to provide information sessions to help patients live healthier lives.

The practice rates of childhood immunisations showed 73% of babies aged 12 months received their 5 in 1 immunisation, which was below the CCG average. 95% of two year olds which was in line with the CCG average and 89% of 5 year old received the pre-school booster.

The number of women attending for smear tests was 76%. The practice were working to increase this number to 80% with targeted follow up telephone calls and text messaging.

### Effective staffing

The practice employed medical, nursing, administrative and managerial staff. Staff we spoke with said they had access to training to help them carry out their role. Training records showed staff had completed induction training which covered infection control, health and safety and fire safety. Staff completed regular refresher training in basic life support, child protection and had access to relevant course including information governance. Nursing staff had completed training on administering childhood vaccines, asthma, chronic obstructive pulmonary disorder, diabetes and hypertension to enable them to carry out their role regarding health promotion, including diabetes, asthma and immunisations.

We saw clinical and administrative staff had received an annual appraisal. Staff we spoke with felt supported in their role and were able to go to the GP or practice manager for information, advice and support.

The GP was up to date with their yearly appraisals and was due to be revalidated in October 2014. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practice).

### Working with colleagues and other services

The practice had monthly meetings with seven local practices and met with the CCG every other month to discuss clinical pathways.

# Are services effective?

## (for example, treatment is effective)

Suitable systems were in place for managing blood results, x-rays and discharge letters. These were checked each morning and any actions were allocated to a GP. We reviewed records that confirmed this was being done. Patients we spoke with were satisfied with the arrangements for referrals to other health services. The GP told us they used the choose and book system for referrals which gives patients a choice of place, date and time of their first appointment at a hospital. Discharge letters were mainly paper-based, and these were scanned onto the electronic recording system and seen by the GP and actioned. Patients we spoke with were satisfied with the way they had been referred to other health services. Audits were completed of referrals and we saw no issues had been raised.

Monthly meetings were held with other health professionals including district nurses, community matron, health visitor and social services to ensure patients received joined up care and treatment and were referred on to other services when required. Minutes of the meetings in July and September showed they had reviewed patients with complex health needs and those at risk of admission to hospital.

The practice held regular GP meetings each month, one included a teaching session and one was a clinical meeting. The clinical lead attended monthly meetings with the CCG and reported back to other staff.

### Information sharing

The practice used an electronic recording system, and all staff were trained in how to use the system. The out-of-hours service sent records of patients seen to the practice first thing in the morning, these were checked by the GP daily to ensure any actions were completed. We were told that they used special patient notes for patients receiving end of life care and for some patients with complex health care needs.

We were given an example of how the practice had worked with all other health and social care providers involved regarding the transition from child to adult services for a young person with learning disabilities.

### Consent to care and treatment

The GP and nurse we spoke with were aware of their responsibility to seek consent before providing treatment and said they requested verbal consent for examinations. They demonstrated their understanding of Gillick

competence (these help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment) and when best interest decisions were required. The practice was not carrying out minor surgery at the time of our inspection so there were no written consents to view.

The GP had not been involved in any Deprivation of Liberty Safeguards and there were no incidents when restraint had been required.

### Health promotion and prevention

The GP, nurse and administrative staff demonstrated a good knowledge of the health needs of the local population and used this to determine what health promotion to focus on. Clinical staff referred smokers to the local pharmacy for smoking cessation, made referrals for exercise classes and provided patients with information and advice about diet and weight management.

All new patients were seen by the health care assistant who took details of family health concerns and noted smoking status and referred any concerns to the GP. There was a range of information leaflets available at the practice for patients to take and for clinical staff to give to individuals when required. The practice website detailed information about how to respond to a range of minor ailments and the services available in the local area.

The electronic recording system identified patients who required additional support, including patients with a learning disability, receiving end of life care and diabetes. Records showed that all patients on the learning disability register had received an annual health check. Systems were in place to ensure routine health checks were completed for patients with long-term conditions. Medicines reviews were completed annually. Information leaflets were available for patients with low levels of Vitamin D. 95% of children aged two years had their immunisations and 89% of five year olds had their pre-school booster immunisations. These figures were just below the CCG average.

Sixty eight % of patients with diabetes had the flu vaccination in 2013, 65% of people aged over 65 and 51.3% of patients in the at risk group had the flu vaccination in 2013. Seventy six % of eligible women attended for a smear test. This was below the CCG average and the practice had an action plan to increase the figure to 80% by telephone and text messaging invites for appointments.

## Are services effective?

(for example, treatment is effective)

Reception staff told us they used text and message services to remind patients of their appointment the next day. They felt this had reduced the number of missed appointments.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the data from the national patient survey 2014 and patient comments on the NHS Choices website. This identified that 80% of patients who responded said the GP was good at listening to them. Seventy five % said the GP was good at giving them enough time. Seventy six % of patients said their experience of the practice was good and 64% of patients would recommend their GP to others. However, this response was amongst the lowest in the Croydon Clinical Commissioning Group (CCG) area. Forty eight % of patients were satisfied with the level of privacy at reception. Glass screens were in place to provide some privacy when reception staff were answering the telephones

The practice received a 3.5 star rating out of 5 stars, from 21 patient reviews on the NHS Choices website in the last year. The comments were positive regarding the care and treatment provided, although there were some issues raised about how individuals were spoken to. The practice had not responded to any of the comments.

We received three patient comment cards from patients who visited the practice in the two weeks before our visit. These included positive comments about the way patients were treated, patients indicated that staff were respectful and helpful. We spoke with four patients during our inspection. They said the doctor was caring and respectful. Patients felt their privacy and dignity were respected and maintained by all staff at the practice.

We saw staff greeted and spoke with patients in polite and respectful ways. We saw some patients took a seat rather than waiting behind another patient at reception. Reception staff said there was always a room available to take patients to if they wanted to talk with them in private. Staff told us that consultations took place in private with doors closed so conversations could not be overheard. Screens were provided in consultation rooms to protect patient's dignity when they needed an examination. While the provider had not developed a chaperone policy, the nurse was clear about her role should she be asked to be a chaperone. Reception staff we spoke with had not been asked to act as chaperone.

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

Information from the national patient survey 2014 indicated that 65% of patients who responded said the GP was good at involving them in decisions. Seventy five % of patients said their GP was good at treating them with care or concern and 72% said the GP was good at explaining tests and treatments to them. These figures were slightly below the average for the CCG area.

Patients we spoke with made positive comments about how the GP and nurse spoke with them. They said they were involved in decisions and choices about their or their relatives care and treatment. They said the GP was very good at explaining medicines they needed and treatments in ways they understood.

All patients with dementia had a care plan and 88 % of these patients had a review of their care plan in the last year.

Staff told us they had access to translation services when required and could book face to face interpreters or use telephone translation services.

There were a range of information leaflets available to patients in the reception and waiting area. The practice website contained information for patients about what to do in the event of certain minor illnesses and when they might see a pharmacist rather than waiting for an appointment to see the GP.

### Patient/carer support to cope emotionally with care and treatment

Patients we spoke with said the GP was understanding and explained things to them. The national patient survey indicated that 75% of patients who responded said the doctor treated them with care or concern and gave them enough time to discuss their issues and concerns. The practice website included a section with information about local services that may be useful to patients. The GP said they would contact relatives and carers to offer condolences and information and support when they were notified that a patient had died.

There were indicators on the electronic patient records to identify if someone was a carer and clinical staff said they would inform carers about support organisations.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The needs of the local population were well known and understood and the practice was responsive to those needs. The electronic recording system identified patients who were at risk and vulnerable patients including those with dementia and learning disability. Home visits were arranged for patients who were not able to attend the practice. Records showed patients with long term conditions, learning disabilities and dementia had annual health and medicines reviews.

The Clinical Commissioning Group (CCG) told us that the practice engaged with them and other practices regularly to discuss local needs and service improvements required. One area the CCG were working on was improving diabetes management and care. The practice offered a range of appointments and clinics for patients. Clinical staff had attended training updates to ensure they used the most up to date guidance and treatments for patients with diabetes. Arrangements were in place for meetings with other health and social care professionals to provide joined up care and treatment.

The practice had set up a Patient Participation Group (PPG) in the summer of 2013. The nurse was the practice lead for patient participation. The group met quarterly, carried out a patient survey in September 2013 to seek patients feedback on the services provided at the practice and look at improvements that could be made. The PPG survey received 56 replies from patients; 86% of patients said they were able to speak with a clinician on the day or within a week of their contact. The remaining 14% said they saw the doctor within two weeks. A number of responses received indicated that patients were not aware of the on line booking system. The provider developed an action plan in response to this survey. They increased the practice opening hours from 8.30am to 8am daily and 6pm to 8pm on Mondays making the practice more accessible to working age patients. They increased the number of emergency appointment slots and increased appointments available with the nurse by two each week.

### Tackling inequity and promoting equality

The practice recognised the needs of the different groups of people who used the service. The environment had been adapted in 2005 to provide step free access so people in a wheelchair and people with pushchairs could access the practice. At the same time, a lift was fitted to enable patients to access consultation rooms on the first floor. Staff told us they could use face to face or telephone interpreters to speak with patients whose first language was not English. The GP said they did home visits if required.

### Access to the service

The practice was open five days a week from 8am to 8pm Mondays and 8am to 7pm Tuesday, Wednesday, Thursday and Friday. There were a range of bookable in advance and appointments provided for on the day emergencies. Information about how to make appointments was made available to patients on the practice website and in the booklet given to new patients. Appointments in advance could be booked by telephone and on line. Appointments on the day were bookable by telephone. The GP carried out telephone triage to ensure patients who needed it, saw a doctor on the day. Home visits were carried out when required. They used a text message service to remind patients when appointments were booked in advance. Reception staff said this had reduced the number of missed appointments. Longer appointments were made available for patients when required. Reception staff were clear about the procedures that required a longer appointment.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled complaints in the practice. Staff we spoke with understood their responsibilities regarding dealing with concerns and complaints.

We saw records of complaints received in the last year and actions taken which included additional training for staff. Staff said they discussed complaints and looked at ways to improve the services provided.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had developed a statement of purpose which outlined their vision, strategy and values to provide a high standard of healthcare to patients in the local area. It was not clear that all staff were aware of this vision, although staff we spoke with wanted to provide a good service to patients.

### Governance arrangements

There were clear lines of accountability and staff were clear of their responsibilities to report issues or concerns and said they would go to the GP or the practice manager. Decisions were made by the GP and the practice manager and in consultation with all staff when required. There were safeguarding and infection control leads who were clear about their responsibilities. Staff had job descriptions. The provider had developed policies and procedures which were reviewed and updated when required, although there was no policy regarding the use of chaperones. Staff records identified gaps in the required checks, even though the policy clearly described the checks to be completed before staff started work. Staff signed that they had read and understood policies as a part of their induction to the practice.

We saw the practice used the Quality and Outcomes Framework (QOF) to measure performance and worked with the CCG to see how it compared to other practices. The QOF data showed the practice was performing in line with local and national standards. Staff said they discussed QOF data regularly.

### Leadership, openness and transparency

The GP provided strong leadership and was clear about decision making and those who needed to be involved. Staff told us they had regular weekly meetings, although minutes were not routinely taken. There were weekly clinical meetings which were not minuted. Minutes of practice meetings were made available to all staff. Staff said they would speak with the GP or the practice manager if they had any worries or concerns and felt confident that issues would be addressed and improvements made. We

saw staff worked well together, new staff were given the information and support they needed to learn their role and support was provided when required after an incident. There was an incentive scheme for staff.

Risk issues were not always responded to and some routine checks not carried out in a timely manner. As previously mentioned, the fire alarm had not been serviced and was not tested weekly and regular checks of the cleaning had not been taking place. Staff recruitment checks had not been in line with requirements, however, the practice manager had developed an action plan to ensure the necessary improvements were made.

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

The practice developed a Patient Participation Group (PPG) in 2013. The practice had approached specific patients to ensure the group was representative of the local population. The group met regularly and had carried out a patient survey in September 2013. Responses indicated patients wanted improvements to access to the doctor and clinical staff. The practice developed an action plan and increased the opening hours, provided additional extended hours appointments and two more appointment slots for the nurse each week. The GP had initiated a telephone triage system in response to patient feedback which was used to ensure patients who needed to see a clinician urgently were prioritised. Staff told us they felt able to raise issues and make positive comments at the various meetings or by speaking with the GP.

### Management lead through learning and improvement

Arrangements were in place for all staff to learn from significant events and complaints. Staff spoken with were aware of the learning and improvements from recent significant events and complaints.

Suitable arrangements were in place for managing risks. Risk assessments were completed, regular checks were made on the building and there was a business continuity plan which contained information for staff to follow in the event of emergency situations and had a reciprocal arrangement to move to another practice in the local area if they were unable to use the building for any reason.

This section is primarily information for the provider

## 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	Regulation
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers  <b>The provider did not have suitable arrangements in place for staff recruitment. Records in place did not confirm that references and Disclosure and Barring Scheme checks had been completed before staff started work. Regulation 21 (a)(i)(ii) (b).</b>

Regulated activity	Regulation
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises  <b>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of the fire alarm was not serviced and tested at the required frequency. Regulation 15 (1) (c).</b>

Regulated activity	Regulation
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control  <b>The provider did not have adequate arrangements in place to minimise the risks and spread of infection. Regulation 12 (1) (b).</b>