

Park View Centre for Health and Wellbeing

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkview Centre for Health & Wellbeing (Dr R K Kukar & Partner) on 19 January 2016. Overall the practice is rated as requires improvement.

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

- The practice had good facilities in a new purpose built primary health care centre shared with three other GP practices and community services and was well equipped to treat patients and meet their needs.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Data showed patient outcomes in relation to diabetes, mental health and cervical smears were significantly lower compared to the local and national averages.

- We saw no evidence that quality performance measures, such as clinical audits, were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses but not all staff were included in the learning or distribution of minutes.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider must make improvements are:

- Undertake fire and environmental risk assessments and ensure staff participate in regular fire drills and know the location of the assembly point.
- Ensure staff receive appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Summary of findings

- Continue to work on sustaining and improving outcomes for patients with diabetes and increase the uptake of cervical screening and flu vaccinations for the over-65s.
- Develop quality improvement processes, such as clinical audits, to drive improvement in performance to improve patient outcomes.
- Evaluate the competence of a non-clinical member of staff reviewing and summarising patient hospital discharge letters, making amendments to medicines on the clinical system and managing repeat prescription requests and ensure appropriate training, written protocols and an auditable system of supervision is in place.

In addition the provider should:

- Formulate a written strategy to deliver the practice's vision.
- Put in place a business continuity plan to deal with major incidents such as power failure or building damage.
- Proceed with efforts to increase the patient participation group and meet more regularly to increase patients' involvement in discussions and decisions relating to service provision.

- Record verbal complaints in order to ensure shared learning from action taken and outcomes.
- Ensure consistent and clear information for patients regarding the availability of clinical appointments and how to access them.
- Ensure all clinical staff, especially those working outside core hours, are included in the dissemination of evidence based guidance, safety alerts and practice minutes.
- Ensure all clinical staff have the appropriate IT knowledge and skills to effectively use the patient clinical system.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

Inadequate



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, a member of staff working only at the weekend was not included in the learning or distribution of minutes.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, a non-clinical member of staff reviewed and summarised patient hospital discharge letters and made amendments to medicines on the clinical system and managed repeat prescription requests without evidence of specific training, written protocol or clear system of supervision, the practice had not undertaken a fire risk assessment or environmental risk assessment, not all staff knew the fire evacuation assembly point and there was no business continuity plan.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and infection control audits had been undertaken and actioned.

Are services effective?

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

Requires improvement



- The practice had systems in place to keep clinical staff up to date with NICE guidance; however, this did not include a regular locum practice nurse who only works at the practice on Saturday.
- Data from the Quality and Outcomes Framework showed patient outcomes were low compared to the locality and nationally. The practice's performance was 18.6% below the CCG average and 21.4% below the national average. The practice was an outlier in areas such as diabetes, mental health, depression, heart failure and cervical screening.

Summary of findings

- Flu vaccination rates for the over 65s was 57.89% which was significantly below the national average (73.24%). The rate for at risk groups was 40% which was comparable to CCG and national averages.
- Clinical audits had been undertaken but there was no evidence that audit was driving improvement in performance to improve patient outcomes.
- Staff had not had an appraisal within the last 12 months and therefore no personal development plans had been identified.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice comparable with CCG and national averages for aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Clinicians collected patients from the waiting room personally.
- Written information was available to direct carers to the various avenues of support available to them and information in the practice leaflet for carers included access to double appointments, priority appointments, prescriptions issued within 24 hours and annual influenza vaccine.
- Translation services were available for patients who did not have English as a first language. The practice advertised which of its doctors spoke other languages (Arabic, Polish, Russian, Urdu, Hindi, Somalian and Punjabi). The practice recorded details on the clinical system of a patient's preferred language when they registered.

Are services responsive to people's needs?

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

Requires improvement



- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group and regularly met with a locality network of 11 small practices.

Summary of findings

- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff in monthly meetings and we saw minutes of these.

Are services well-led?

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

- The practice had a vision to deliver quality but no formal strategy or business plan.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe specifically in relation to risk assessments, repeat prescribing and a business continuity plan.
- There was a clear leadership structure in place and staff felt supported by management
- The practice did not proactively seek feedback from patients and the patient participation group (PPG) only met once a year and were not active.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- Priority on-the-day appointments and home visits were available for older people when needed.
- All patients over 75 had a named GP.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below local and national averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 57.89% which is significantly lower than the CCG and national averages.

Requires improvement



People with long term conditions

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

- Outcomes for patients with long-term conditions were significantly lower than local and national averages. Performance for diabetes related indicators was 38.4% (CCG 83.5%; national 89.2%).
- Flu vaccination rates for at risk groups were comparable to CCG and national averages.
- Written information was available to direct carers to the various avenues of support available to them and information in the practice leaflet for carers included access to double appointments, priority appointments, prescriptions issued within 24 hours and annual influenza vaccine.
- The percentage of patients with hypertension having regular blood pressure tests was comparable with the CCG and national average (practice 96.2%; CCG 94.7%; national 97.8%).

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- The practice told us they have a dedicated childhood immunisation and health surveillance clinic and an in-house weekly midwife clinic.
- Childhood immunisation rates for the vaccination given to one year olds were better than the CCG average.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was comparable with local and national averages (practice 76.47%; national 75.35%).
- The practice's uptake for the cervical screening programme was 45%, which was significantly below the CCG average of 84% and the national average of 97.6%.
- The premises were suitable for children and babies with a baby changing facility.
- The health visiting team and school nurses were located in the same premises.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offers a doctor and nurse clinic on Saturday through a local enhanced extended hour's service to patients who are unable to access appointments during the week due to work.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability and held a register of patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was significantly worse than the CCG and national average (practice 46.2%; CCG 85.7%; national 92.8%).
- The practice had a mental health register and at the time of our inspection had undertaken comprehensive care plans on 41%.
- 85.71% of patients diagnosed with dementia have had their care reviewed in a face to face meeting in the last 12 months, which is comparable to CCG and national averages.
- The practice has undertaken a dementia friendly environment survey with very positive findings including appropriate signage, seating and lighting.
- Staff had a good understanding of how to support patients with mental health needs and dementia and the practice manager had undertaken dementia training.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice were comparable with local and national averages. Four hundred and twenty eight survey forms were distributed and 83 were returned. This represented a response rate of 19.4% and 4.4% of the practice's patient list.

- 78.6% found it easy to get through to this surgery by phone compared to a CCG average of 74.5% and a national average of 73.3%.
- 77.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.2%, national average 85.2%).
- 72.2% described the overall experience of their GP surgery as good (CCG average 83.8%, national average 84.8%).
- 72.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77.6%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Comments included 'excellent service, friendly reception staff.'

We spoke with five patients during the inspection. All five patients said they were happy with the care they received, felt they had enough time during their consultation and said they were treated with privacy, dignity and respect by reception and medical staff. The practice's Friends and Family Test on NHS Choices indicated 80% of patients would recommend the practice to their friends and family. The results were not displayed in the waiting area. The practice had not sought any other views from patients by way of a survey and there was no suggestion or comment box in the waiting area/reception.

Areas for improvement

Action the service **MUST** take to improve

- Undertake fire and environmental risk assessments and ensure staff participate in regular fire drills and know the location of the assembly point.
- Ensure staff receive appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Continue to work on sustaining and improving outcomes for patients with diabetes and increase the uptake of cervical screening and flu vaccinations for the over-65s.
- Develop quality improvement processes, such as clinical audits, to drive improvement in performance to improve patient outcomes.
- Evaluate the competence of a non-clinical member of staff reviewing and summarising patient hospital discharge letters, making amendments to medicines

on the clinical system and managing repeat prescription requests and ensure appropriate training, written protocols and an auditable system of supervision is in place.

Action the service **SHOULD** take to improve

- Formulate a written strategy to deliver the practice's vision.
- Put in place a business continuity plan to deal with major incidents such as power failure or building damage.
- Proceed with efforts to increase the patient participation group and meet more regularly to increase patients' involvement in discussions and decisions relating to service provision.
- Record verbal complaints in order to ensure shared learning from action taken and outcomes.

Summary of findings

- Ensure consistent and clear information for patients regarding the availability of clinical appointments and how to access them.
- Ensure all clinical staff, especially those working outside core hours, are included in the dissemination of evidence based guidance, safety alerts and practice minutes.
- Ensure all clinical staff have the appropriate IT knowledge and skills to effectively use the patient clinical system.

Park View Centre for Health and Wellbeing

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park View Centre for Health and Wellbeing

Parkview Centre for Health and Wellbeing (Dr R K Kukar and Partner) is situated at Cranston Court, 56 Bloemfontein Road, Shepherds Bush, London W12 7FG. This is a new, purpose built primary health care centre shared with three other GP practices. There are also community services on site including district nursing, health visiting, school nursing, sexual health, podiatry and an anticoagulation clinic. The practice moved in to the premises in June 2014 and occupies two consulting rooms on the ground floor, a shared reception and administrative space on the first floor. The practice provides NHS primary care services to approximately 1,900 people living in Hammersmith and Fulham through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of the NHS Hammersmith and Fulham Clinical Commissioning Group (CCG) which is made up of 31 GP practices.

The practice is registered with the Care Quality Commission (CQC) as a partnership with a non-clinical second partner to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures. The practice told us they are not undertaking minor surgical procedures at the moment.

The practice staff comprises one male GP partner (three sessions per week), one female salaried GP (three sessions per week), one female salaried GP (one session per week), one regular male locum doctor (two sessions per week), one regular female locum doctor (one session per week), a regular locum practice nurse (one session on Saturday as part of extended hours contract), a healthcare assistant (38 hours per week across two separately registered practices managed by Dr Kukar), a practice manager (38 hours per week across two separately registered practices managed by Dr Kukar), an assistant practice manager (one day per week) and a small team of reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice leaflet indicates that appointments are available from 10am to 1pm and 2pm to 5pm Monday to Friday. A clinic is provided on Saturday through a local enhanced extended hour's service. This is a doctor-led clinic but a practice nurse is also available. The practice does not have a practice nurse working core hours Monday to Friday.

When the surgery is closed, out-of-hours services are accessed through 111 and details of this were included in the practice leaflet and on the website.

Detailed findings

The practice provided a wide range of services including chronic disease management, a weekly midwife clinic, child health surveillance and immunisations, general contraceptive services, NHS health checks, well person checks, diet and stop smoking advice.

We spoke with five patients and eight staff members during our visit. Patients were very complimentary about the practice and staff felt they had a good relationship with their patients. Patients said they felt their doctor was caring, patient and understood their needs.

The practice was previously inspected on 13 September 2013 at their previous location and concerns were found relating to the following essential standards: care and welfare of people who use services and safeguarding people who use services from abuse. A follow-up announced inspection was undertaken on 31 July 2014. Since the 13 September 2013 inspection the practice has moved locations but the registered person's and the staff team remain the same. At our inspection on 31 July 2014 we found that the provider was then meeting both essential standards.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff (GP partner, salaried GP, a regular locum GP, practice manager, assistant practice manager, healthcare assistant and two receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events which included a policy and a significant event analysis reporting form.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available.

We reviewed three completed incident forms and a summary of five incidents in the last 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when the reception area flooded due to a leak from an upstairs clinical room, it was identified that the practice did not have a business continuity plan in place for major incidents such as power failure or building damage. However this had not been actioned at the time of our inspection.

Staff told us that significant events were discussed at practice meetings, and were able to provide us with examples. We saw meeting minutes where incidents were documented as discussed. However, we found that the practice nurse who worked on Saturday did not attend practice meetings, did not receive minutes and was not part of the learning process.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patients' welfare and included out-of-hours details. Contact details for Hammersmith and Fulham safeguarding teams were available on reception. There was a lead member of staff for safeguarding. Administrative staff demonstrated they

understood their responsibilities, had received training within the practice relevant to their role and knew how to report concerns. GPs were trained to Safeguarding level 3. We observed that the practice used an alert facility on their clinical system to flag vulnerable patients. Staff we spoke with, including receptionists, were aware of this system.

- A notice in the waiting room advised patients that chaperones were available, if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and all non-clinical staff had received training. The senior partner had overall responsibility for infection control and the practice manager was responsible for the day-to-day management. An infection control audit had been undertaken in September 2015 and we saw evidence that action was taken to address any improvements identified as a result. Staff we spoke with were aware of the location of spill kits.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mostly kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation and these were signed and dated by the prescribing lead and the practice nurse. The healthcare assistant did not give vaccinations so there were no Patient Specific Directions required. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.) We were told that the a non-clinical member of staff

Are services safe?

reviewed and summarised patient hospital discharge letters and made amendments to medicines, when specified, on the clinical system. We asked to see a record of training and written protocol to support this role. However, no evidence of training or written protocol could be provided. We did see evidence of some mandatory training but an appraisal had not been undertaken since July 2014. We were told that the lead GP oversaw the staff member in this role. However, no system or process could be demonstrated to confirm this. We were told the non-clinical member of staff also managed all repeat prescription requests and booked patients for medication review with the clinical team when required. Again, no evidence of specific training, protocol or supervision could be provided by the practice.

- We reviewed five personnel files. No new staff had been recruited since 2011. The practice had a recruitment policy which included a list of checks to be undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All files we reviewed had DBS checks. There was an out-of-date indemnity certificate for one of the salaried GPs and the healthcare assistant and the practice manager were not part of any indemnity group cover.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy visible for the building. The shared premises were maintained by NHS Property Services who had undertaken a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A facilities manager and security guard were available on the premises daily.
- NHS Property Services were responsible for carrying out fire drills and staff told us they were aware of one being undertaken since moving into the premises. Some staff we spoke to did not know the location of the assembly

point. The practice manager was the fire marshal and had undertaken training but was not part of the last evacuation exercise. The practice had not undertaken a fire risk assessment or environmental risk assessment for its area. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Reception staff told us that they cover each other for holidays and sickness. Both doctors and administrative staff work across two practices managed by Dr Kukar although the premises are registered with the Care Quality Commission as separate entities.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a consulting room.
- The practice had a defibrillator available on the premises which was situated in the reception area and shared by the three practices in the health centre. Oxygen with adult and children's masks and a first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice did not have a business continuity plan in place for major incidents such as power failure or building damage. This was highlighted following a significant event when the reception area flooded due to a leak but there was no evidence that this had been progressed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. However, the practice nurse who worked on Saturday was not included in the dissemination system.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 72.1% of the total number of points available, with 10.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's performance was 18.6% below the CCG average and 21.4% below the national average. The practice was an outlier in indicators relating to diabetes, mental health, depression, heart failure, osteoporosis and cardiovascular disease primary prevention. Data from 2014/15 showed;

- Performance for diabetes related indicators was worse than the CCG and national average (practice 38.4%; CCG 83.5%; national 89.2%).
- Performance for mental health related indicators was worse than the CCG and national average (practice 46.2%; CCG 85.7%; national 92.8%).
- Performance for depression related indicators was worse than the CCG and national average (practice 30%; CCG 80.3%; national 92.3%).
- Performance for heart failure related indicators was worse than the CCG and national average (practice 24.1%; CCG 89.5%; national 97.9%).

- Performance for osteoporosis related indicators was zero percent (CCG 69.9%; national 81.4%).
- Performance for cardiovascular disease primary prevention related indicators was worse than the CCG and national average (practice zero percent; CCG 71%; national 87.9%).
- The percentage of patients with hypertension having regular blood pressure tests was comparable with the CCG and national average (practice 96.2%; CCG 94.7%; national 97.8%).

The practice told us they had migrated to a new clinical system during the last QOF period and this could have impacted on some of the indicators when data transferred. However, they were not able to demonstrate any specific evidence for this.

There had been two clinical audits undertaken in the last two years, one of which was a CCG-led prescribing audit. However, we saw no evidence that audits were driving improvement in performance to improve patient outcomes and there was no clear quality improvement strategy in place.

Effective staffing

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

- The practice had an induction form for newly appointed staff but had not recruited anyone since 2011. There was no induction policy.
- A doctor undertaking the cervical screening programme had received specific training which had included an assessment of competence. However, the practice could not demonstrate records or evidence of how it ensured a regular locum nurse kept up-to-date with role-specific training specifically immunisation training.
- Staff had not had an appraisal within the last 12 months and therefore no personal development plans had been identified.
- Staff received training that included: safeguarding, fire procedures, basic life support, infection control, equality and diversity, health and safety and data protection awareness. Staff had access to and made use of e-learning training modules and in-house training. Although staff had undertaken training, the practice manager could not tell us what the practice had identified as mandatory training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment and held monthly multi-disciplinary meetings. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 45%, which was significantly below the CCG average of 84% and the national average of 97.6%. We discussed this with the GPs, whose opinions were that this was due in part to some patients being reluctant to have a male practice nurse or doctor perform the test. The practice told us they had engaged a female locum GP to increase access to a female doctor and are actively seeking a practice nurse to work during core hours. The GPs told us they had also identified a difficult to engage cohort of patients and were looking at ways to encourage uptake from this group through face-to-face education.

Childhood immunisation rates for the vaccinations given to one year olds were better than the CCG average and ranged from 87.5% to 100% (CCG average ranged from 78.5% to 83.6%). Rates for two year olds were lower than the CCG averages and comparable to CCG averages for five year olds.

Flu vaccination rates for the over 65s was 57.89% which was significantly below the national average (73.24%). The rate for at risk groups was 40% which was comparable to CCG and national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We were unable to speak to any members of the patient participation group on the day of the inspection. The PPG was established in March 2014 and there are approximately 10 patients in the group. They currently meet annually and minutes of meetings were available. The practice had engaged with the CCG PPG liaison officer to help recruit more members and make the group more active but this had been unsuccessful.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice were comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87.4% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88.6%.
- 83.3% said the nurse was good at listening to them compared to the CCG average of 85.2% and national average of 91%.
- 82.3% said the GP gave them enough time (CCG average 83.2%, national average 86.6%).

- 85.2% said the nurse gave them enough time (CCG average 86.4%, national average 91.6%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94.9%, national average 95.2%)
- 96.1% said they had confidence and trust in the last nurse they saw (CCG average 95%, national average 97.1%)
- 81.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 81.7, national average 85.1%).
- 77.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83.5%, national average 90.4%).
- 73.5% said they found the receptionists at the practice helpful (CCG average 86%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 88.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.7% and national average of 86%.
- 75.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 77.6%, national average 81.4%)
- 82.4% said the last nurse they saw was good at involving them in decisions about their care (CCG average 75.9%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available. The practice also advertised which of

Are services caring?

its doctors spoke other languages (Arabic, Polish, Russian, Urdu, Hindi, Somalian and Punjabi). We saw that when new patients are registered their preferred language is coded on the clinical system. This enables staff to suggest a particular doctor who speaks their preferred language, if required. The appointment check-in system was also programmed to other languages in line with the practice's diverse population.

Patient and carer support to cope emotionally with care and treatment

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

Health promotion information was played continuously on television screens in the waiting area which included advice on alcohol, the influenza and shingles vaccination programmes and smoking cessation.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.9% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them and information in the practice leaflet for carers included access to double appointments, priority appointments, prescriptions issued within 24 hours and annual influenza vaccine.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) and met monthly with a locality network of 11 small practices to look at CCG benchmarking statistics and undertake learning.

- The practice had extended opening on Saturday morning which was doctor-led but also included a practice nurse clinic.
- The practice had a dedicated childhood immunisation and health surveillance clinic and an in-house weekly midwife clinic.
- There were longer appointments available for patients with a learning disability and carers.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities but no hearing loop.
- Translation services were available and the practice advertised which of its doctors spoke other languages (Arabic, Polish, Russian, Urdu, Hindi, Somalian and Punjabi).

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. The practice leaflet indicates that appointments are available from 10am to 1pm and 2pm to 5pm Monday to Friday. A schedule of access to clinical appointments requested on the day demonstrated appointments were available via one GP session on Monday 10am to 1pm, Tuesday 10am to 1pm, Wednesday 9am to 12pm and 2pm to 4pm, Thursday 10am to 1pm and Friday 10am to 1.30pm. The practice told us that the lead GP provides a telephone triage clinic Monday 2pm to 5pm. We saw there were additional sessions on Wednesday 10am to 1pm, Thursday 10 to 1pm and Friday 10am to 1pm if additional appointments were required. However, a review of the appointment templates in the clinical system for the previous three months revealed these additional appointments had not been utilised.

The practice is also open on Saturday from 10am to 2pm through a local enhanced extended hour's service. This is a doctor-led clinic but a practice nurse is also available. The practice does not have a practice nurse working core hours Monday to Friday.

Patients could book appointments and request repeat prescriptions online via the practice website.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.5% and national average of 73.8%.
- 78.6% patients said they could get through easily to the surgery by phone (CCG average 74.5%, national average 73.3%).

However, 28.4% patients said they always or almost always see or speak to the GP they prefer which is below the CCG average of 55.5% and national average of 60%.

People told us on the day of the inspection that they were able to get appointments when they needed them but not always with the GP they preferred.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of a patient leaflet and poster in the waiting area.

We looked at two written complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way. The practice does not record verbal complaints.

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 did not have a clear strategy or supporting business plans which reflected the vision and values. The lead GP told us their vision was to deliver a high quality patient care, however this was not documented in the form of a mission statement or displayed. Staff we spoke with felt the vision was to deliver good care, but said that vision and values were not discussed.

Governance arrangements

The practice did not have adequate systems or processes in place to effectively demonstrate good governance.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Learning from significant events was not disseminated to all staff
- There was no programme of continuous clinical audit to monitor quality and drive improvements
- There was a lack of supervision in the management of repeat prescribing and coding and summarising of secondary care letters including changes to medicines.
- There were no fire and environmental risk assessments and business continuity plan in place.

Leadership and culture

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. We saw minutes of these and a standing agenda which included child and adult safeguarding, significant events, complaints and infection control. Staff told us if they did not attend the meeting they were given a copy of the minutes. The practice told us this did not include the practice nurse who worked on Saturdays.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

The practice told us they have only sought feedback from patients through the Friends and Family Test. The results of this were not displayed in the practice waiting area. There was a PPG but it only met annually and had not carried out patient surveys or submitted proposals for improvements to the practice management team.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems were not in place to ensure premises used by the service provider were safe. A fire risk assessment and an environmental risk assessment had not been carried out. Not all staff knew the location of the fire assembly point. This was in breach of Regulation 17(2)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff had not received appraisals in the last 12 months. This was in breach of Regulation 18(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>A non-clinical member of staff was reviewing and summarising patient hospital discharge letters and making amendments to medicines on the clinical system and managing repeat prescription requests without evidence of training, written protocol and auditable system of supervision.</p> <p>This was in breach of Regulation 12(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>