

Orchard Surgery - St Ives

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Orchard Surgery-St Ives on 7 November 2016. Overall the practice is rated as inadequate.

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

- We found that the system in place for reporting and recording significant events and complaints was not sufficient to ensure that all incidences had been recorded, learning from events was shared effectively with the practice team and changes made to improve the service. The opportunities to take early interventions to encourage improvement were missed.
- The patients and practice staff were at risk of harm, as the practice had not undertaken sufficient risk assessments to ensure that they would be kept safe. For example the practice had not undertaken risk assessments for fire or infection control and prevention.
 - The practice did not evidence on-going quality improvement activities, such as clinical audits.
- The practice told us that the GPs held discussions with other agencies such as health visitors, however, the practice were only able to evidence two meetings in the past 12 months, these meetings had not been attended by the GPs but by a non-clinical staff member, the minutes lacked sufficient detail to ensure that any relevant information was shared with the appropriate professionals.
- The practice lacked GP leadership, and a cohesive team approach. Some areas of the practice performance were insufficiently supported to ensure safe and effective care and treatment for patients. For example, data from the quality and outcome framework was significantly lower than the CCG and national averages in some areas.
- Practice staff had not received any annual appraisals.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- The practice reception team had developed an effective system to ensure that all patients test results were received by the practice in a timely manner and when problems occurred they were proactive and investigated the delay.

The areas where the provider must make improvements are:

- The practice must assess the risks to the health and safety of patients of receiving the care and treatment and do all that is reasonably practicable to mitigate any such risks.
- Ensure that risk assessments for fire safety are undertaken and that any identified actions are completed in a timely manner and formally risk assessing access to the dispensary.
- Ensure that the practice meets the requirements detailed in the Health and Social Care Act 2008; Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
- Ensure there are effective systems in place for safeguarding patients from abuse.
- Undertake on-going quality improvement activities, such as clinical audits, with suitable follow up to ensure improvements have been achieved.
- Ensure that an accurate, complete, and contemporaneous record is maintained for every patient including relevant information from safeguarding meetings.
- Ensure there is effective leadership capacity to deliver all improvements.

The areas where the provider should make improvement are:

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.

- Review systems and process to ensure that complaints and feedback are managed effectively and safely. Minutes of meetings should contain sufficient detail to ensure shared learning by practice staff.
- The practice should improve the systems to assess, monitor and mitigate risks to patients for example, implement logs for recording safety alerts, who received or actions taken and to give oversight to ensure that all staff received the appropriate training for their roles or needs.
- The practice should ensure an annual appraisal enhancing the opportunity to discuss their personal development is given to all members of staff.
- The practice should continue to make efforts to establish an active Patient Participation Group

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 and improvements must be made.

- The system and processes in place for reporting and recording significant events and complaints were not sufficient to ensure that all incidences had been recorded. The practice had failed to recognise all learning from complaints and did not show learning was shared effectively with the practice team. The opportunities to take early interventions to encourage improvement were missed.
- The practice had not undertaken risk assessments for fire or infection control and prevention.
- The safeguarding systems and processes in place were not sufficient to ensure that joint working with other agencies would keep children and vulnerable adults safe from harm.
- The practice did have a system to receive and take action on safety alerts, but did not have oversight of these, for example a log for recording the alert, and detailing any actions and outcomes to ensure future monitoring or shared learning.
- Practice staff had received some training deemed mandatory, for example safeguarding of children and vulnerable adults, but they had not received training in health and safety, equality and diversity and infection control and prevention.
- We saw evidence that medicines were managed safely including high risk medicines.
- We reviewed personnel files and found that the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

- Data from the quality and outcome framework 2015/2016 showed that some patient outcomes were in line with the national average and that some were significantly below the national average. For example:
The practice performance for Diabetes was 71% this was 20% below the CCG and national average.

Inadequate



Summary of findings

The practice performance for Hypertension was 100% which was 2% above the CCG average and 3% above the national average.

- There was no running programme of continual clinical audit shaped to monitor and deliver improved outcomes for patients. There was evidence that the practice had undertaken some audits but audit cycles had not been completed and so the practice was unable to demonstrate improved outcomes for patients.
- The practice told us that multidisciplinary (MDT) meetings did take place but some of these were informal and where minutes were available, these lacked sufficient detail to ensure that information was shared. A non-clinical staff member, who did not have a clinical background and had not, received level three safeguarding training, met with the health visitor to discuss and transfer information. The practice nurses were not involved in any MDTs.
- Practice staff had not received any annual appraisals; the practice told us that they planned to introduce these during the coming year. The practice manager had recently attended a training course in order to be an effective appraiser and had an open door policy for staff.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice above or in line when compared with others for several aspects of care. For example, the percentage of patients who found the receptionists helpful was 92%; this was above the CCG average of 88% and national average of 87%. 32 of the 34 comment cards received from patients were positive regarding the care and treatment given by the practice.
- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw practice staff treated patients with kindness and respect, and information confidentiality.
- We saw that practice staff made every effort to maintain patient confidentiality at the front desk and on the telephone.

Good



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- There was a complaints system in place but we found that this was not sufficient to ensure that learning was identified and shared with the practice team. The practice did not record all feedback however minor to identify trends, implement changes to prevent and encourage improvements.
- Practice staff described how they were aware of the needs of their practice population, and tailored their care accordingly.
- Data from the GP Patient Survey July 2016 showed the practice performance for patients who usually got to see or spoke with their preferred GP was 72%; this was above the CCG and national average of 59%. The practice performance for patients satisfied with the surgery's opening hours was 71%; this was below the CCG and national average of 76%.
- Due to limited resources, the practice did not offer extended hours, telephone consultations were offered at protected times during the day for those that wished to access advice this way.
- Home visits, including those for management of long term conditions were available when necessary. Appointments after school were available for children and unwell children were seen without delay.
- The premises were suitable for patients who had a disability or those with limited mobility.
- The practice offered a full range of contraceptive services including long-acting reversible contraceptives (LARC).

Are services well-led?

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

- The practice did not evidence a clear vision and strategy which had been shared with the practice team.
- The GPs did not demonstrate that they had sufficient clinical and management oversight of the practice. For example, governance arrangements including fire safety and infection control and prevention were inadequate. The practice did not operate any recall system for patients who needed regularly monitoring.
- The practice did not evidence that safeguarding of children and adults was sufficient to ensure shared information and risk sharing to keep patients safe from harm.
- Although practice staff told us they felt supported by the GPs, they reflected that they would benefit from more clinical leadership and guidance.
- The practice had a number of policies and procedures to govern activity and these had been reviewed.

Inadequate



Summary of findings

- The practice staff told us that they did hold various meetings, the minutes we reviewed lacked detail the practice to be assured of shared and reflective learning.
- The practice had tried, but had not been successful in recruiting a patient participation group.
- The practice told us they had not undertaken annual appraisals or regular performance reviews with staff; the practice manager had recently undertaken training to become an effective appraiser.
- Information governance was poor and practice staff were unable to use the computer system to provide assurance around patient recall systems, consistently code patient groups, and produce accurate performance data.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for safe, effective, and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice had a significantly lower number of older people compared to the national average, practice staff told us that they knew most of these patients well.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had invested in high back chairs with arms for the waiting room to enable those patients that needed them greater ease in sitting and standing.
- The GPs did attend the avoiding unplanned admission meetings. Minutes from these meetings were not available in the practice to ensure that clinical staff received all appropriate information.

Inadequate



People with long term conditions

The practice is rated as inadequate for safe, effective, and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The GPs lead the chronic disease management in the practice; the practice nurses supported them.
- GPs were assigned the lead role for long term conditions; the practice did not operate a practice based re-call system to ensure patients that required regular monitoring were contacted for annual reviews. The practice told us that GPs undertook regular medicines review with patients and addressed any health needs at that time.
- A community diabetes nurse attended the practice monthly to help patients living with diabetes.
- Longer appointments and home visits were available when needed.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that

Inadequate



Summary of findings

- The practice nurses provided appointments for complex dressings for patients.

Families, children and young people

The practice is rated as inadequate for safe, effective, and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The systems in place to identify, and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances inadequate to be assured that children at risk of harm would be kept safe.
- The practice told us of joint working with midwives, health visitors, and school nurses. However, the GPs did not attend the practice safeguarding meetings. When asked the practice could only evidence two meetings in the past 12 months, the GPs had not attended these meetings.
- Immunisation rates were similar to the local CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test was 80%, which was in line with the CCG and national average of 78%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered Chlamydia testing to all patients aged 15 to 24 years.
- A full contraceptive service including long acting reversible contraceptives (LARC) was available with appointments at flexible times. Free condoms were available for young people that requested them.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for safe, effective, and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice told us they did not have enough clinical resources to offer extended hours opening.
- The practice offered telephone consultations with GPs or nurses at dedicated times twice a day.

Inadequate



Summary of findings

- Data from the GP Patient Survey July 2016 showed the practice performance for patients who were able to get an appointment or speak with someone the last time they tried was 88%; this was in line with the CCG average of 87% and the national average of 85%.
- The practice offered on line appointment bookings and repeat prescription requests as well as a full range of health promotion and screening that reflects the needs for this age group.
- Smoking cessation and NHS health checks were encouraged.

The practice offered travel immunisations available on the NHS.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for safe, effective, and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice held a register of patients living in vulnerable circumstances including those who were homeless or have a learning disability. The practice had low numbers of patients in this group and the practice told us they knew them well.
- The practice offered longer appointments for vulnerable patients.
- The practice worked with other health care professionals in the case management of vulnerable patients, however, minutes from these meetings were not available in the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Practice staff were aware of their responsibilities regarding information sharing, and how to contact agencies in normal working hours and out of hours. However, GPs did not attend all multi-disciplinary team meetings; a non-clinical staff member attended the meetings with the health visitor. There was little evidence of documentation relating to children and adults at risk of harm.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for safe, effective, and well led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice had nine patients on the dementia register and all of these patients had received an annual review.

Inadequate



Summary of findings

- Data from the quality and outcome framework showed 52% of patients experiencing poor mental health had a comprehensive care plan, which was 37% below the CCG and national average 89%.
- Data from the quality and outcome framework showed the practice performance for indicator relating to depression was 0% this was 53% below the CCG and national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The reception staff were responsive to any patient who was experiencing discomfort whilst waiting in the waiting room and would offer a private room for them to wait in.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 248 survey forms were distributed and 109 were returned. This represented 44% response rate.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which 32 were all positive about the standard of care received. There were two negative comments regarding lack of empathy from staff.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service **MUST** take to improve

- The practice must assess the risks to the health and safety of patients of receiving the care and treatment and do all that is reasonably practicable to mitigate any such risks.
- Ensure that risk assessments for fire safety are undertaken and that any identified actions are completed in a timely manner and formally risk assessing access to the dispensary.
- Ensure that the practice meets the requirements detailed in the Health and Social Care Act 2008; Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
- Ensure there are effective systems in place for safeguarding patients from abuse.
- Undertake on-going quality improvement activities, such as clinical audits, with suitable follow up to ensure improvements have been achieved.

- Ensure that an accurate, complete, and contemporaneous record is maintained for every patient including relevant information from safeguarding meetings.
- Ensure there is effective leadership capacity to deliver all improvements.

Action the service **SHOULD** take to improve

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Review systems and process to ensure that complaints and feedback are managed effectively and safely. Minutes of meetings should contain sufficient detail to ensure shared learning by practice staff.
- The practice should improve the systems to assess, monitor and mitigate risks to patients for example,

Summary of findings

implement logs for recording safety alerts, who received or actions taken and to give oversight to ensure that all staff received the appropriate training for their roles or needs.

- The practice should ensure an annual appraisal enhancing the opportunity to discuss their personal development is given to all members of staff.
- The practice should continue to make efforts to establish an active Patient Participation Group

Orchard Surgery - St Ives

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, a practice manager specialist adviser and a member of the medicine management team provided remote support.

Background to Orchard Surgery - St Ives

The practice area covers the town of St Ives and extends into ten outlying villages. The practice dispenses medicines to patients who live in some of these outlying villages. We inspected the dispensary as part of this inspection.

The practice offers health care services to around 4,200 patients and has consultation space for GPs and nurses as well as extended attached professionals including midwives. The practice holds a General Medical Service (GMS) contract with the local CCG.

- There are three GP Partners (two female and one male GPs), three practice nurses and a team of two dispensary trained staff support the GP lead.
- A team of eight administration and reception staff support the management team. The practice manager is supported by a deputy manager.
- The practice is open between 8am and 6pm Monday to Friday. Appointments are available from 8.30am to 12.30pm and from 3.30pm to 5.30pm. When the demand exceeded the appointments available GPs added in extra appointments at the end of the morning and at the beginning of the afternoon.

- If the practice is closed Herts Urgent Care provide emergency care, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice demography is similar to the national average, it does show the practice has a lower number of older people (210 patients aged over 75) and a greater number of people aged between 30 years and 50 years.
- Male and female life expectancy in this area is for females 86 years and for males 82 years; this is above the England average at 79 years for men and 83 years for women.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, dispensary staff, receptionist, the practice manager, and spoke with patients who used the service.

Detailed findings

- 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,

The system and processes in place for reporting and recording significant events and complaints was inadequate to ensure that all incidences however minor had been recorded, and learning from events was recognised and shared effectively with the practice team.

- The practice did not record verbal feedback or incidences they considered minor, the opportunities to identify trends to prevent incidences happening were missed.
- Practice staff told us they would inform their manager or the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We noted the practice had not extracted information from some complaints and reported or investigated as significant events.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There had been three recorded significant events since March 2016; we saw a report from a case of a patient receiving an incorrect immunisation, the patient was informed of the incident, received reasonable support, detailed information. The event was discussed at a nurses meeting.

Overview of safety systems and processes

The practice systems, processes, and practices in place were not sufficient to ensure patients were kept safe and safeguarded from abuse.

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead GP for safeguarding.
- GPs told us they discussed patients with other health professionals such as health visitors informally and that notes were recorded in the patient records.

- The GPs did not attend the quarterly meeting, a staff member who did not hold any clinical qualifications and who had not undertaken level three safeguarding and the health visitor had attended these. In the past 12 months the practice had recorded two meetings, the minutes of this meeting were inadequate, they were not detailed, did not contain any actions or review dates.
- The GPs told us they provided reports where necessary for other agencies.
- Most practice staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to level three. We saw an example where a member of the practice nurse team investigated a situation which had given concerns relating to female genital mutation (FGM). At the end of their investigation the nurse was assured that there was no issue. GPs were trained to child safeguarding level three.
- Processes were in place to receive and take action on safety alerts for example those sent from the Medicines and Healthcare Products Regulatory Agency. However, the practice did not maintain a log to record the alert, any actions taken for shared learning and future monitoring. We noted that the practice had not taken action on an alert that had been sent in September 2016 relating to a medicine that is commonly prescribed. The practice took immediate action and identified that this alert had not been sent via the central alert system and immediately enrolled onto the appropriate website to receive these alerts directly.
- The chaperone policy was displayed in the clinical rooms and advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice nurse was named as the infection control clinical lead, but they had not received training for this role. There was an infection control protocol in place but practice staff had not received up to date training. The practice was unable to show that any annual infection control audits had been undertaken. The

Are services safe?

practice had recently employed a cleaning contractor and on the day of the inspection they did not have any cleaning schedules in place. The practice did not have a record of the immunisation status of clinical or practice staff that may be exposed to infection associated risks.

- We reviewed four personnel files and found appropriate recruitment checks had been 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.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained.
- Dispensing staff were appropriately qualified, received regular training and had their competency annually reviewed.
- There was a named GP responsible for the dispensary, and informal meetings took place with the dispensers to discuss issues relating to dispensing procedures, policies, concerns or incidents.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. Any medication changes, including those from discharge letters were made by GPs.
- There was a variety of ways available to patients to order their repeat prescriptions and these were reviewed and signed by GPs before the medicines were given to the patient.
- The practice involved patients in regular reviews of their medicines. The practice had developed a system for providing oversight for the management of high risk medicines such as lithium, warfarin, methotrexate, and other disease modifying drugs, which included regular monitoring in accordance with national guidance. This ensured these medicines were dispensed only following appropriate monitoring tests.
- Medicines were stored securely and not accessible to patients but they were accessible to all staff and not restricted to only authorised staff. The practice had not undertaken a written risk assessment to identify and mitigate the risks.
- The practice held a small supply of controlled drugs and these were well managed and stored appropriately.
- Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. The dispensary also housed the staff kitchen area where they made hot drinks using a kettle, it did not have any outside windows, and practice staff told us that it could at times become very warm. They did have a room thermometer available and checked the temperature but did not record the details to ensure that all medicines were stored at appropriate temperature. The practice told us that they would implement this immediately.
- Processes were in place to check medicines stored within the dispensary area, the practice and emergency medicines were within their expiry date and suitable for use. The two dispensary staff members had informal discussion between themselves, the practice manager and GP about any errors or issues identified to ensure that they were able to review and take any action required. We did not see evidence that these were shared with the wider practice team.
- Blank prescription forms were handled in accordance with national guidance, as these were tracked through the practice and kept securely at all times. Uncollected prescriptions were well managed and clinicians notified appropriately.
- A private area would be made available if patients wished to discuss any areas of concern or queries.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

The procedures in place for monitoring and managing risks to patient and staff safety were inadequate.

- A health and safety policy was available which identified staff with responsibility for health and safety within the practice. Practice staff had not received any training relating to health and safety.
- The practice had not followed their own fire safety policy and did not have evidence of any fire risk

Are services safe?

assessments. A report from an inspection undertaken by Cambridgeshire Fire and Rescue in May 2004, identified actions for the practice to take. The practice had failed to do all of these.

- The practice did not have trained fire wardens and did not undertake regular fire drills. Most practice staff were overdue the annual fire safety refresher training. Practice staff were able to describe the actions they would take in the event of a fire. Immediately following our inspection the practice contacted the Fire Service and enrolled onto a training course which would give them the knowledge and skills to manage fire safety in the practice.
- The practice manager conducted a visual check of the premises each week; this was not recorded.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, the practice had failed as required in the fire report of May 2004, to undertake a regular five year electrical circuit check.
- The practice had assessment in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice used some equipment that required sterilising at an approved site, a record book with the tracker code was maintain, this information was not recorded in the patients records.

- Arrangements were in place for planning and monitoring the number of staff. The practice did not use a wide range of skill mix within the practice. For example, the practice nurses undertook phlebotomy. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- An accident book was available and staff we spoke with reported that any accidents were investigated and they were given support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff and suppliers to the practice but the practice manager told us that a separate list was available.

Are services effective?

(for example, treatment is effective)

Our findings

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 GPs and nurses within the practice told us that they kept themselves up to date and had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, the practice did not have systems and process in place to monitor that these guidelines were followed, for example through risk assessments, audits, and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2015/2016 were 82.7% of the total number of points available. The practice exception report was 6.6% compared to the CCG average of 10.6% and the national average of 9.6%. (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).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was 71% this was 20% below the CCG average and 19% below the national average.
- Performance for mental health related indicators was 58% this was 36% below the CCG average and 35% below the national average.
- Performance for chronic obstructive disease indicators was 56% this was 40% below the CCG and national average.
- Performance for depression indicators was 0% this was 93% below the CCG average and 92% below the national average.

- Performance for Asthma indicators was 67% this was 30% below the CCG average and 31% below the national average.
- Performance for Atrial fibrillation indicators was 100% this was in line with the CCG and national average. Exception reporting was 0%.
- Performance for Hypertension indicators was 100% this was 2% above the CCG average and 3% above the national average. Exception reporting was 1.3%; this was 3.2% below the CCG average and 2.6% below the national average.

We spoke with the practice regarding these figures they were aware that their QOF performance was low, although they had improved from the previous year 2014/2015. They explained to us that in 2014/2015 they had upgraded their computer system which may have contributed to some poor data transfer. They told us they did not have any systematic recall systems in place but that patients were seen for medicines reviews by GPs and at these appointments the GPs would review any health needs of the patient. The practice recognised that they did not have an effective system to ensure that there was a consistent and reliable approach to coding within patients' medical records. The practice must maintain for each patient an accurate, complete and contemporaneous record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. On the day of the inspection, the practice did not have any action plan to improve this. However, immediately following the inspection, the practice sent in details of a recall system they planned to implement.

- The practice did not regularly undertake audit to monitor and improve quality and outcomes for patients, for example the practice did not undertake any audits to monitor and access the quality of the medical record summaries. A member of the nursing team completed these summaries. The practice participated in audits required by the CCG and had undertaken an audit under the DSQS scheme.

Effective staffing

Staff had skills, knowledge, and experience to deliver effective care and treatment but not all practice staff had received all the training deemed mandatory such as infection control training.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This was intended to cover such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, the practice oversight and training programme for staff needed improvement. The practice manager told us that they had investigated e-learning options and planned to increase the training given to staff over the next year. Practice staff had undertaken some training deemed mandatory such as safeguarding children and vulnerable adults but not all, for example practice staff had not undertaken training in equality and diversity or infection control.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Practice staff who administered vaccines had attended an immunisation update course.
- The practice had not undertaken staff appraisals; the practice manager had an open door policy and met with staff if they wanted to discuss anything. There was no evidence of development plans for the staff members, monitoring of performance and quality of care delivered. The practice had support a member of the nursing team with her re validation this year.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice recognised that they did not have a consistent approach to the coding of medical records and this is reflected in the Quality and Outcome Framework (QOF) scores.
- The practice told us that they worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services,

including when they were referred, or after they were discharged from hospital. The GPs did meet with other health care professionals, but minutes from these meetings were not available in the practice.

Consent to care and treatment

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

- staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent from patients receiving minor surgery at the practice was obtained. The practice had developed a booklet giving information relating to the procedures undertaken.
- On the day of the inspection, the practice did not show that they monitored performance for obtaining consent through audit or review of medical records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, the practice worked with the community nurses, 12 patients had died since January 2016, and one patient died at home which was their preferred place of care.
- Patients were signposted to the relevant service for smoking cessation, and carer support.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 80%, which was above the CCG and national average of 78%.

The practice staff contacted patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 59% of the practice's

Are services effective?

(for example, treatment is effective)

target population were screened for bowel cancer which was in line with the national average of 58%. The same data set showed that 77% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 92% to 100% compared to the national average of 91% to 95% and five year olds from 86% to 94% compared to the national average of 81% to 93%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, 32 of which were positive about the standard of care received. Although some mentioned that there could be a two to three week wait for routine appointments.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

On the day of the inspection the practice did not have a patient participation group (PPG). Two patients had been involved but they were no longer able to carry out this commitment. The practice told us that they had actively tried to recruit new members by posters, leaflets and on their website. The practice told us they were planning to have a further advertising campaign to recruit more members in the near future.

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

- 88% of patients said the GP was good at listening to them compared to the CCG and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. Patient feedback from the comment cards we received was 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 mostly in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and the national average of 85%.

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

Are services caring?

- The practice told us that they did not have any patients whose first language was not English and did not need translation services. Not all practice staff were aware of the contact number of the interpreting services but would ask the practice manager should they need one.
- There was a variety of information leaflets available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. The practice told us that carers were supported at each opportunity and a referral for support organisations if required. The practice also ensured that appointments for carers were available at times when it was convenient for them to attend.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly to offer support. The practice signposted bereaved family members to support organisations such as CRUSE (a charity set up to help and support to bereaved people).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed some of the needs of its local population but had little evidence to show they had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a diabetic specialist nurse clinic attended monthly for patients with diabetes who had complex needs.

- The practice triaged requests for home visits and all members of staff were aware of their responsibilities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments for patients who required one.
- The practice nurses provided appointments for complex dressings.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities available.
- A range of patient information leaflets was available in the waiting area including NHS health checks, services for carers and sexual health services. There were also displays providing information on the practice flu clinics.
- The practice was clean, well-furnished, and included appropriate seating for patients who had problems with mobility.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available from 8.30am to 12.30pm and from 3.30pm to 5.30pm. If the demand exceeds the appointments available the GPs extended their morning surgeries and started their afternoon sessions earlier.

When the practice was closed Herts Urgent Care provided emergency GP services through the 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above local and national averages in most areas but below local and national averages in others.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average and national averages of 76%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 78% of patients said they don't normally have to wait too long to be seen compared to the CCG and the national average of 58%.
- 90% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG and the national average of 65%.

Telephone appointments were available for those patients who wish to access advice that way.

People we spoke with on the day of the inspection told us that they were able to get appointments on the same day when they needed them but there could be a wait to see a GP of their choice for non-urgent appointments on occasions.

Listening and learning from concerns and complaints

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the practice system for handling complaints and concerns was not comprehensive and did not demonstrate that learning was identified and shared with the practice team.
- The practice did not log all feedback however minor. The opportunities to identify trends and prevent complaints were missed.
- 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 practice leaflet and on the practice website. We did not see any posters displayed in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

There had been six complaints received since January 2016, we looked at three of these. In one case the practice had responded to the patient but had not responded to the ambulance service that had also sent in their concerns. The practice had not recognised that this complaint should

have also been recorded as significant events; they did not show us information to evidence that the learning outcomes had been shared with the practice team and those changes had been made to prevent future incidences happening.

Are services well-led?

Inadequate 

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

Our findings

The practice did not evidence that a vision and clear strategy had been shared with the staff. The practice staff we spoke with all demonstrated that they wanted to care for patients.

Governance arrangements

The lack of an effective governance structure that provided information and held people to account meant;

- The GPs did not have a comprehensive understanding of the clinical performance of the practice.
- The practice did not use clinical and internal audit to monitor quality and to make improvements.
- The arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions were insufficient to keep patients and staff safe.
- The practice had not undertaken annual appraisals or regular performance reviews with staff.
- Information governance was poor and practice staff were unable to use the computer system to provide assurance around patient recall systems, consistently code patient groups, and produce accurate performance data.
- Minutes of meetings were not always taken or in sufficient detail to ensure shared learning across the practice.

Leadership and culture

Practice staff told us the partners were approachable and always took the time to listen to them. They also reflected that at times they would have benefited from GP leadership and involvement.

Staff told us the practice held regular team meetings, but mostly they had informal conversations.

- Practice staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. The practice manager had an open door policy.
- Staff said they felt respected, valued, and supported. They told us that they were not always involved in discussions about how to run and develop the practice.

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

The practice encouraged feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. Following a survey undertaken May/June 2016, the practice reflected that the patient responses were positive and they decided that an area to look at was the high did not attend rate they were experiencing.

In the past two patients had worked with the practice and had, with the practice tried to encourage a patient participation group. These patients were no longer able to do this. The practice told us that a recruitment campaign was planned for the near future.

Practice staff told us that they would speak with the practice manager to give any feedback or ideas on how to make changes within the practice. For example the reception team had developed an effective system to ensure that all pathology results were received by the practice in a timely manner.

Continuous improvement

The practice did not demonstrate that they had plans to continuously improve.

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>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>The practice had not assessed the risks to the health and safety of service users receiving care and treatment.</p> <ul style="list-style-type: none">• The practice had not undertaken any risk assessments for fire safety and had not undertaken action identifies in a report of May 2004 from the Fire and Rescue Service.• The practice did not meet the requirements as detailed in the Health and Social care Act 2008; Code of Practice for health and adult social care on the prevention and control of infections and related guidance. They had not undertaken any audits and staff had not received appropriate training. The practice did not have a record of the immunisation status of clinical staff.• The practice did not have a written risk assessment in relation to the security of the dispensary or had taken sufficient actions to mitigate any identified risks.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not ensure that an accurate, complete, and contemporaneous record was maintained for every patient.</p> <ul style="list-style-type: none">• The practice had an inconsistent approach to coding of medical records.

Enforcement actions

- The practice did not provide clear clinical leadership and record meetings to evidence their working in partnership with other relevant bodies to ensure that the safeguarding children and vulnerable adults will keep patients safe from harm.

The practice did not assess, monitor, and improve the quality and safety of the service provided in the carrying out of the regulated activity.

- The practice did not undertake a programme of completed clinical and management audit cycles to deliver improved outcomes for patients and ensure quality of record keeping.