

Dr J Freel & Partners

Quality Report

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

Ratings

Overall rating for this service	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
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 Dr J Freel & Partners. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate Disclosure and Barring Services checks on staff had not been undertaken prior to their employment, risks associated with health and safety and legionella had not been identified and electrical equipment had not been safety tested.
- Policies were not practice specific and did not govern activity within the practice.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- There were no practice specific standard operating procedures in place for the dispensary service offered by the practice. The practice was not signed up to the Dispensary Services Quality Scheme and medicine errors or near misses were not being reported or analysed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a staff structure, however not all staff were aware of lead roles.
- The practice had limited feedback with patients and the public; there was no patient participation group.
- There was little information available regarding how to complain. Complaints were dealt with in a timely manner but actions taken were not documented and there was no evidence that learning outcomes being shared with all staff.

Summary of findings

- 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. However meetings were not recorded in detail.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and medicine errors.
- Conduct risk assessments for health and safety, legionella and the control of substances hazardous to health.
- Conduct Disclosure and Barring Service checks for clinical staff and staff acting as chaperones or conduct a formal risk assessment to address this issue.
- Conduct safety testing on electrical appliances.
- Provide staff with appropriate practice specific policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Monitor the use of prescription pads.
- Ensure there is a robust method of measuring and recording fridge temperatures to maintain the cold chain for medicines.

- Proactively seek patient feedback.

The areas where the provider should make improvement are:

- Formalise the practice strategy to ensure all staff are aware of the vision and values of the practice.
- Ensure actions taken to address complaints are recorded
- Implement an induction program for new staff
- Ensure discussions at multi-disciplinary meetings are recorded.
- Encourage the identification of patients who are carers.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains 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 practice 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.

Special measures will give people who use the practice 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.

- Staff were not clear about reporting significant events, incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents reported, lessons learned were not communicated and so safety was not improved.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. There had not been risk assessments carried out to address health and safety, legionella or the control of substances hazardous to health. Not all clinical staff or staff acting as chaperones had received a Disclosure and Barring Service check. Electrical equipment had not been safety tested. Prescriptions were kept securely but their use was not monitored.
- The practice operated a dispensary for patients living more than one mile away. There were no practice specific standard operating procedures in place, the practice was not signed up to the Dispensary Services Quality Scheme, medicine errors and near misses were not being reported.
- The safe storage of medicines was not consistently ensured. Fridge temperatures were downloaded from a data logger but not checked to see if temperatures were falling outside the parameters. A second fridge did not have a method of recording maximum or minimum temperatures.
- There was no practice specific policy for safeguarding children and vulnerable adults; however staff had received training.

The practice had adequate arrangements in place for dealing with emergencies.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were mixed in comparison to the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Requires improvement



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs; however records of these meetings were very brief.

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 higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered additional services to their patients within the practice such as counselling and ophthalmology. These services were offered by external organisations.
- Information about how to complain was limited and not widely available. Complaints were recorded but actions taken were not and there was no evidence that learning from complaints had been shared with staff.

Good



Are services well-led?

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

- The practice aimed to deliver quality, compassionate care and all staff shared this common goal, but there was no formal strategy or business plan in place.

Inadequate



Summary of findings

- There was a leadership structure in place but not all lead roles were allocated and staff were unsure of who the leads were.
- There was no overarching governance framework to support the delivery of safe care and treatment. There were very limited arrangements to identify and monitor risk. The practice did not have practice specific policies in place to govern activity.
- The practice had limited feedback from patients and did not have an active patient participation group (PPG).
- All staff did not receive formal, documented inductions but all staff had received regular performance reviews.
- Staff meetings were limited but staff felt they were able to discuss any concerns on an ad-hoc basis.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there was some evidence of good practice for this population group:

- 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 percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the CCG and national averages.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there was some evidence of good practice for this population group:

- Nursing staff had lead roles in some chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- Practice performance for diabetes indicators within the Quality and Outcomes Framework was below national averages. For example 70% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), this was below the national average of 88%.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there was some evidence of good practice for this population group:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 72% of patients diagnosed with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of breathlessness using the Medical Research Council dyspnoea scale (01/04/2014 to 31/03/2015); this was comparable national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 84% of women aged 25 to 64 had a cervical screening test performed in the preceding five years (01/04/2014 to 31/03/2015), this was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there was some evidence of good practice for this population group:

- The needs of the working age population, those recently retired and students had been identified and the practice offered weekend appointments through the local GP Alliance at an alternative location.

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.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there was some evidence of good practice for this population group:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing responsive and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months (01/04/2014 to 31/03/2015); this was below the national average of 84%.
- Performance for other mental health indicators was also below national averages. For example 69% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (31/03/2014 to 31/03/2015); this was below the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Inadequate



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 241 survey forms were distributed and 110 were returned. This represented a 46% completion rate.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 86% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a 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 45 comment cards, 39 of which were positive about the standard of care received by all staff.

We spoke with three patients during the inspection. All three patients said they were very happy with the care they received and told us that all staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and medicine errors.
- Conduct risk assessments for health and safety, legionella and the control of substances hazardous to health.
- Conduct Disclosure and Barring Service checks for clinical staff and staff acting as chaperones or conduct a formal risk assessment to address this issue.
- Conduct safety testing on electrical appliances.
- Provide staff with appropriate practice specific policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

- Monitor the use of prescription pads.
- Ensure there is a robust method of measuring and recording fridge temperatures to maintain the cold chain for medicines.
- Proactively seek patient feedback.

Action the service **SHOULD** take to improve

- Formalise the practice strategy to ensure all staff are aware of the vision and values of the practice.
- Ensure actions taken to address complaints are recorded
- Implement an induction program for new staff
- Ensure discussions at multi-disciplinary meetings are recorded.
- Encourage the identification of patients who are carers.

Dr J Freel & Partners

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 pharmacist specialist advisor.

Background to Dr J Freel & Partners

Dr J Freel & Partners, also known as Wakering Medical Centre is located on the main road in the village of Great Wakering in Essex. The practice has a list size of 10,300 patients from Great Wakering and the surrounding area of Southend. The practice has parking available for staff and patients and provides access for disabled patients. The practice serves a larger than average population of people aged 45 years and over and a predominately smaller than average population aged 44 years and under.

The practice is undergoing a phased transition from a Primary Medical Services contract to a General Medical Services contract.

There are five GP partners; two male and three female and one male salaried GP. There are three practice nurses and a health care assistant. There is a practice manager and a team of 18 administrative staff including medical secretaries and receptionists. The practice became a training practice in 2015 for trainee GPs.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8am, to 12pm daily, from 2.30 to 6pm on Mondays to Thursdays and from 1pm to 3pm and 4pm to 6pm on Fridays.

Weekend appointments are available from the local GP Alliance at an alternative location.

When the practice is closed patients are signposted to call 111 for out of hours care provided by IC24.

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 10 March 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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.

- There was no significant event policy available; however there was a recording form available on the practice's computer system. Staff told us they would inform the practice manager of any incidents.
- There were records of three significant events since 2014.
- The practice carried out a thorough analysis of one of these significant events, this was discussed with staff and actions were taken in response to the incidents.
- Staff did not have a clear understanding of significant events or when incidents should be reported.

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 did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- 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. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role as well as online updates. GPs were trained to an appropriate level to manage safeguarding concerns, although the safeguarding policies were not practice specific and did not identify lead members of staff or outline who to contact for further guidance if staff had concerns about a patient's welfare, although these numbers were available elsewhere.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but had not received a Disclosure and Barring Service check, (DBS check) and there was no formal risk assessment in place to address this issue (DBS checks identify whether

a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A dedicated lead member of staff for infection control had not been identified. There was an infection control protocol in place and nursing staff had received up to date training. An infection control audit had recently been undertaken and we saw evidence that action was taken to address any improvements identified as a result. Some consulting rooms were carpeted, these were deep cleaned annually.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always ensure patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). The practice could not evidence regular medicines audits for the dispensary, however they did engage with the local CCG medicine management teams. The practice was participating in prescribing audits initiated by the local CCG medicine management teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Vaccines were stored in an appropriate refrigerator; the practice was using a data logger for recording fridge temperatures and this data was downloaded daily, however the data was not being analysed. Some medicines were stored in a second fridge within the dispensary; there was no system in place for the recording of the minimum or maximum temperatures for this fridge. Prescriptions were securely stored but there were no systems in place to monitor their use.
- The practice operated a dispensing service for patients living more than one mile away. There were no practice specific standard operating procedures in place and the practice was not signed up to the Dispensary Services Quality Scheme. Medicine errors and near misses were not being reported despite staff telling us that mistakes occur.
- We reviewed three personnel files and found recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body had been undertaken prior to employment. However the appropriate checks

Are services safe?

through the Disclosure and Barring Service had not been undertaken for some clinical staff. A formal risk assessment had not been undertaken to address this issue.

Monitoring risks to patients

Some risks to patients were not all assessed or well managed.

- Adequate procedures were not in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy however this was incomplete, not practice specific and did not identify local health and safety representatives. The practice had a fire risk assessment but had not addressed the issues raised in this risk assessment. Electrical equipment had not been checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly. The practice did not have risk assessments in place to monitor safety of the premises such as health and safety, control of substances hazardous to health and infection control or legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 and the medicines we checked were in date and the emergency equipment was working.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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 from 2014/2015 showed the practice achieved 95% of the total number of points available, with 7% 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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was below national averages. For example, 70% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) compared to a national average of 88%.
- 80% of patients with hypertension had their last blood pressure reading measuring 150mmHg or less, in the preceding 12 months (01/04/2014 to 31/03/2015), compared to the national average of 84%.
- Performance for mental health related indicators was below national averages. For example, 69% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored, for example one audit showed an improvement in the treatment of patients with atrial fibrillation (irregular heartbeat) with anti-thrombolytic medicines.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice did not have a formal induction programme for all newly appointed staff. We were told this was an informal process dependent upon the job role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, 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, 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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two months and that care plans were reviewed and updated; however the meetings were not minuted to detail any discussions that took place.

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.

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 and alcohol cessation. Patients were then signposted to the relevant service.

- Smoking cessation advice was available from the nursing staff and appointments for this service could be booked at any time.

The practice provided facilities for external organisations offering additional services such as ophthalmology and counselling to their patients.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. There was a policy to offer three written reminders for 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.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was comparable to CCG data for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s was 72% which was comparable to the national average of 73%. The flu vaccination rate for at risk groups was 55% which was above the national average of 49%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example:

- The percentage of childhood PCV booster vaccinations given to under five year olds was 97% compared to the CCG percentage of 96%.
- The percentage of childhood MMR vaccinations given to under two year olds was 98% compared to the CCG percentage of 95%.

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 which were carried out by the practice nurses. 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.
- There was a children's play area provided in the waiting room.

39 of the 45 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.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses, but below average for its satisfaction scores on consultations with GPs. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 87% 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 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 mostly positive and aligned with these views.

Results from the national GP patient survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Staff told us that translation services were available if required for patients who did not have English as a first language.

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 local and national support groups and organisations.

Written information was available in the waiting to direct carers to the various avenues of support available to them. The practice had only identified 0.8% of its patients as carers.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation or advice was given on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- 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.
- Phlebotomy services were provided within the practice for all patients on the practice list.
- Counselling services were provided within the practice, this was provided by external organisations.
- Ophthalmology services were available once a month within the practice, this was provided by an external health care professional.
- Dispensing services were provided for patients living more than one mile away from the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for disabled patients including a lift to access the first floor, a hearing loop and translation services were available if required.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm daily, from 2.30pm to 6pm Monday to Thursday and from 1pm to 3pm and 4pm to 6pm on Friday. Weekend appointments were

available through the GP Alliance at an alternative location. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was mixed in comparison to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and the national average of 73%.
- 55% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 65% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information regarding making a complaint was available on a poster in the waiting area but there was no information available on the practice website or in the patient leaflet.

We looked at four complaints received in the last 12 months and found these were dealt with in a timely way and there was openness and transparency with dealing with the complaint. Actions following the complaint were not recorded and lessons learnt from concerns and complaints were not shared.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice aimed to deliver high quality care and promote good outcomes for patients.

- All staff shared this objective and prioritised patient care.
- There was no strategy or business plan in place to support the vision or values of the practice or to plan for the future.

Governance arrangements

The practice had a staffing structure and staff were aware of their own roles and responsibilities; however it was not clear who had lead roles within the practice, for example for QOF or infection control. Staff we spoke to agreed this would help to identify areas for improvement such as QOF.

- The practice did not have suitably robust governance procedures in place to ensure that all risks were robustly managed by staff working at the practice. For example; Policies held within the practice were not practice specific and did not give staff a clear understanding of policies and protocols and therefore did not govern activity.
- There were no risk assessments in place for infection control, legionella, the control of substances hazardous to health
- DBS checks or a risk assessment had not been carried out for staff undertaking chaperone duties.
- Staff did not fully understand how to identify or report significant events.
- There were no formal arrangements in place for sharing information or learning from events, such as complaints or significant events, with all staff.

However a programme of continuous clinical audit was used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice prioritised compassionate care, were visible in the practice and staff told us they were

approachable. Staff felt supported and enjoyed working in the practice. Staff were aware of their own roles and responsibilities but there was a lack of awareness of the roles and responsibilities of their colleagues.

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 serious safety incidents.

Staff felt supported by management; however there were limited opportunities for all staff to provide feedback on issues affecting the practice due to the way the practice communicated with their staff. :

- Staff told us the practice held weekly meetings. These were predominantly GP meetings but were attended by one member of the nursing team and one non-clinical member of staff, these staff then cascaded information to other staff. This did not give staff the opportunity to contribute ideas for improvement or to be consulted about issues affecting the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues on an ad-hoc basis and felt confident in doing so and felt supported if they did.

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

The practice had limited feedback from patients, the public and staff.

- The practice did not have a patient participation group (PPG) in order to gain feedback from patients on a regular basis. There was a suggestion box in the waiting room.
- The practice were aware of the NHS GP patient survey and utilised the Friends and Family data but had not conducted any surveys within the practice.
- The practice had gathered feedback from staff through appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management on an ad-hoc basis but there were no meetings open to all staff members.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice had not conducted Disclosure and Barring Service checks on their staff who worked as chaperones; no formal risk assessment had taken place to address this issue. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice did not have robust systems in place for monitoring the cold chain of vaccines and the safe storage of medicines. There was no system in place to monitor the use of prescriptions. There was no record of electrical equipment being safety tested. This was in breach of regulation 12 of the Health and 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 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. There was insufficient governance in place to assess or monitor risks to patient safety. Significant events were not always being identified, recorded or shared to encourage learning or improve patient outcomes. Complaints were not being shared to encourage learning or improve patient outcomes. There was a lack of leadership in place to ensure good practice. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.