

# Crook Log Surgery

## Quality Report

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Date of inspection visit: 12 August 2015

Date of publication: 14/01/2016

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crook Log Surgery on 12 August 2015. Overall the practice is rated as requires improvement.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. People received an explanation and a verbal and written apology.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were below the local and national averages in a number of areas.

- Audits had been carried out and showed evidence that they were driving improvements in performance to improve patient outcomes.
- Patients' comments were positive about the care and treatment they received from clinical staff but they were not always positive about reception staff.
- Information about services provided was available and generally accessible to patients.
- Urgent appointments were generally available on the day they were requested.
- The practice had a range of policies and procedures to govern activity, which were reviewed and accessible to staff.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure recruitment practices include all necessary pre-employment checks being completed for all staff.
- Ensure all staff complete updated basic life support training at required intervals.

# Summary of findings

- Carry out a risk assessment regarding non-clinical staff who carry out chaperoning duties not having a DBS check and ensure they complete training to ensure they understand their role

In addition the provider should:

- Clarify the procedure for support when reception staff are subjected to verbal abuse from patients.

- Ensure children's pads are available for use with the defibrillator.
- Review staffing levels to ensure they are sufficient to meet patients needs.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services and improvements are required.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough although lessons learned were shared and patients received an explanation and apology.
- Non-clinical staff who were asked to act as chaperones had not received training, were not clear about their role and had not received a Disclosure and Barring Service (DBS) check and the practice had not risk assessed this.
- Staff recruitment checks were not in line with requirements, DBS checks had not been completed by the practice for two new staff members, two written references and gaps in employment were not routinely explored.
- Updated training in basic life support had not been completed by two members of staff.
- Information about safety was recorded, monitored and reviewed. Risks to patients and staff were assessed and reviewed.
- The practice had developed policies regarding health and safety.
- Systems were in place for safeguarding children and vulnerable adults.
- Arrangements for infection control were suitable.
- Medicines management was suitable.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were below local and national averages, although they had improved in the last year since new staff were recruited.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvements for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

**Good**



# Summary of findings

- There was evidence of appraisals and staff completed training appropriate to their role.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice offered health screening and information about services provided was available to patients.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment, although some patients reported mixed experiences.
- Information for patients about the services available was accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The reception and waiting area were open and did not afford privacy for patients. The GPs and staff were aware of this although they were limited by the layout of the building.

**Good**



## Are services responsive to people's needs?

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

- It 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. For example they identified low numbers of patients diagnosed with dementia. They carried out an audit which included reviewing patient records and identified issues with coding, changes were made and there was an increase in the number of patients diagnosed with dementia.
- Patients said they experienced some difficulties getting an appointment although there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs, although the reception and waiting room were open so conversations could be overheard and at times the waiting room was very full.

**Requires improvement**



# Summary of findings

- Patients could get information about how to complain in a format they could understand. However, there was limited evidence that the practice was learning from complaints with similar issues raised by different patients.

## Are services well-led?

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

- It had a vision and a strategy which staff were aware of. There was a documented leadership structure and most staff felt supported by management but at times they were not sure who to approach with issues or felt issues would not be addressed. Staff reported they did not feel supported when dealing with patients who raised their voice or acted inappropriately at reception.
- The practice had the required policies and procedures to govern activity which were reviewed and accessible to staff.
- The practice proactively sought feedback from patients and had an active patient participation group.
- All staff had received inductions but not all staff had completed updated training to carry out their role.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered personalised care to meet the needs of the older people and they all had a named GP.
- It was responsive to the needs of older people. The health care assistant carried out home visits for routine health checks, and ear syringing. The GPs offered home visits and urgent appointments were provided for those with enhanced needs.
- They provided GP services to a local care home. One of the GPs attended weekly and when individuals were taken ill between these regular visits. The health care assistant attended weekly.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally below the local or national averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients and the patient participation group.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data for people with diabetes was generally below the local and national averages, although it had increased since the previous year and the practice were working through an action plan to improve outcomes for patients.

**Requires improvement**



# Summary of findings

- Longer appointments and home visits were available when needed. The practice provided a named GP for these patients and annual reviews to check that medicines and treatments remained appropriate. For those people with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- 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. The practice worked with other health professionals including health visitors.
- Immunisation rates for the standard childhood immunisations were generally lower than local and national averages.
- Clinical staff understood their responsibilities to treat children and young people in age appropriate ways.
- Appointments were available outside of school hours. The premises were accessible although there was limited room for families with pushchairs.
- Data showed the uptake for cervical screening was above local and national averages.

Requires improvement



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

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

- The practice offered extended opening hours for appointments from Monday to Thursday and patients could book appointments or order repeat prescriptions online. However, feedback from the national GP survey indicated that patients

Requires improvement





# Summary of findings

did not find it easy to get through to the practice on the phone and that they usually waited over 15 minutes when attending an appointment. Comments from patients we spoke with reflected these views.

- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were no policies or arrangements to allow people with no fixed address to register or be seen at the practice.
- Only 6 of the 38 patients with a learning disability had received an annual health check in the last year.
- There was no evidence of multidisciplinary work with community mental health services, although there was a counselling service at the practice.
- There was information about local support services and voluntary organisations displayed at the practice for vulnerable patients.
- Staff had completed training in safeguarding and knew how to recognise signs of abuse in vulnerable adults.

**Requires improvement**



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

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

- Data for patients experiencing poor mental health was generally above the local and national averages and had increased since the previous year. Ninety six per cent of the 89

**Requires improvement**



## Summary of findings

- The practice was not working with multi-disciplinary teams in the case management of people experiencing poor mental health.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 involved 305 surveys being sent out, with 110 returned giving a 36% completion rate. The results showed the practice was performing below and in line with local and national averages.

- 32% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 65% found the receptionists at this surgery helpful (CCG average 54%, national average 60%).
- 65% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 78% said the last appointment they got was convenient (CCG average 89%, national average 92%).
- 40% described their experience of making an appointment as good (CCG average 64%, national average 73%).

- 20% usually waited 15 minutes or less after their appointment time to be seen (CCG average 57%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 completed comment cards of which 19 were positive about the service, staff and the care and treatment received. The remaining cards contained some positive comments but raised issues regarding access to appointments, inconsistency of care, difficulties getting repeat prescriptions and having to wait too long to be seen. Patients generally reported that staff were respectful, polite, effective, compassionate, caring and professional, although some were not satisfied with reception staff. Patients generally felt confident about the care and treatment they received. Patients told us the environment was always clean. We spoke with 11 patients during the inspection. Comments from patients we spoke reflected these positive comments regarding staff, treatment received and cleanliness of the practice. They also experienced similar issues with getting through on the telephone, accessing their preferred GP and waiting a long time to be seen when attending for an appointment.

# Crook Log Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor, a CQC inspector and an Expert by Experience. The specialist advisors and Expert by Experience were granted the same authority to enter registered persons' premises as the CQC inspectors.

## Background to Crook Log Surgery

The practice operates from one location in Bexley Heath. They have a similar number of children under 18 years of age and people aged over 75 compared to local and national averages. However, a higher proportion of patients are aged over 65 years. Just over a third of the patient population is from a black and ethnic minority background. Fifty six per cent of patients have long standing health conditions, in line with the national average and above the CCG of 48%. Twenty per cent of patients have caring responsibilities in line with the local and national averages of 17% and 18% and 61% of patients are in paid work or full time education, in line with the local and national averages. It is in the second least deprived area of England.

The practice is registered as a partnership of two GPs with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures. They are a training practice for trainee GPs.

The practice provides primary medical services through a Primary Medical Services (PMS) contract. A PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including long term condition management, health promotion, smears, child and adult immunisations, family planning, maternity care, travel clinics and smoking cessation to just over 8,900 patients in Bexley.

The practice is a member of Bexley Clinical Commissioning Group (CCG) and is one of 28 member practices. It comprises of three GP partners (one female and two male) and one salaried GP (female)(equivalent to 3.5 full time GPs) a part time practice nurse and a full time health care assistant, both female. There is a full time practice manager, eleven part time administrative and reception staff and two cleaners.

The practice is open from 8.00am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.00-1.00pm and 2.00pm-6.30pm on Thursday. Appointments are from 8.00am-11.00am Monday to Friday for the walk in clinic and from 3.30pm-6.30pm Monday to Friday which are pre-bookable. Extended hours are provided between 6.30pm and 7.30pm Monday, Tuesday, Wednesday and Thursday.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

The practice was previously inspected using previous methodology in February 2014 when we identified issues regarding staff recruitment, safeguarding and a lack of quality assurance processes. We found improvements had been made in these areas at a further inspection in July 2014.

# Detailed findings

The practice has applied to the CQC to add one new partner to their registration.

## Why we carried out this inspection

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

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

## How we carried out this inspection

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

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

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

- Older people

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 August 2015. During our visit we:

- Spoke with 11 patients and two members of the Patient Participation Group.
- Spoke with a range of staff including two GPs, one trainee GP, the nurse, healthcare assistant, practice manager and three administrative and reception staff.
- Observed staff interactions with patients in the reception area and spoke with carers and/or family members.
- Reviewed the providers policies and records including staff recruitment and training files, health and safety records, building and equipment maintenance, infection control, complaints, significant events, clinical audits and how medicines were stored and recorded.
- Reviewed 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and records seen confirmed this.
- The practice recorded and reviewed significant events and these were discussed at clinical meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident regarding repeat prescribing a protocol was put in place to ensure an immediate response to any clinical concerns were flagged to the duty GP to be addressed.

When there were unintended safety incidents, patients received an explanation and an apology and were told about actions taken to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had policies, procedures and systems in place to keep people safe but they did not always operate effectively:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were in place and a flow chart of actions to be taken had been developed and were accessible to all staff. One of the GPs was the safeguarding lead for children and another GP for vulnerable adults. Clinical staff had completed training to the required level 3 in safeguarding children and reception staff to level 1 and all staff completed training in adult safeguarding in 2014. Staff we spoke with were aware of their responsibilities to report issues and concerns. The electronic patient record had a system that indicated when a child was subject to a child protection plan and when a patient was considered a vulnerable adult.
- Notices informing patients that they could request a chaperone were displayed in the waiting area and clinical staff told us they asked patients if they wanted a

chaperone if they needed to have an examination. GPs asked nurses, health care assistants or reception staff to act as chaperones. Non-clinical staff who acted as chaperone were not clear about the chaperoning procedure and they had not received training for the role or a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a member of staff has a criminal record or is on a list of people barred from working where they may have contact with vulnerable children or adults).

- Appropriate standards of cleanliness and hygiene were followed. Patients told us the practice was always clean. We saw the practice was clean. One of the nurses was the infection control lead. The practice had developed infection control policies. Clinical staff were responsible for cleaning between consultations and had equipment to complete this. The practice employed cleaners who attended on weekdays. There was a cleaning schedule which detailed the areas to be cleaned daily, weekly and monthly. The practice manager carried out weekly checks to ensure the cleaning met the required standards. Staff told us they would report issues with the cleaning to the practice manager. The previous infection control audit, completed in May 2011 identified that a pedal bin and baby changing facility were required. We saw these had been actioned. A further audit was carried out in August 2015. Suitable arrangements were in place for the safe disposal of clinical waste including sharps and the sharps policy was displayed in consultation rooms. A legionella risk assessment was completed in April 2014 which identified the practice was a low risk and no actions were required. Water temperatures were checked weekly with records maintained.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including prescribing, recording, handling, storing and security). The fridge temperatures were checked daily and records showed they had remained within the required range. The practice carried out regular medicines audits with the support of the Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and systems were in place to monitor their use. Patient Group Directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- The practice had a recruitment policy which was kept under review. We saw staff recruitment checks had not been carried out in line with requirements or the practice policy in the five staff files we reviewed. For example, full employment histories were not included in completed application forms in any of the files seen and there was no evidence to show any gaps were explored, two written references were not in place in four staff files and references received were not from the last employer. There was proof of identification and evidence to show qualifications and registration with professional bodies were checked. DBS checks had not been completed for two non-clinical staff and the practice had not completed a risk assessment to show why they were not needed. The practice had developed an induction programme for new staff and a locum pack was available when required, although records of these were not kept.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety policies were in place and reviewed. Posters displayed relevant health and safety information for staff. Fire equipment was checked annually by external contractors, the last check was carried out in June 2015. Staff had completed training in fire safety. Portable electrical appliances were last checked in August 2014. Clinical equipment was tested annually with the last check carried out in August 2015 to ensure it was all working. Risk assessments were completed and kept under review.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There were systems in place for administrative and reception staff to cover periods of absence. There were additional reception staff at the practice during our inspection and staff said this improved the level of service they were able to provide.

### Arrangements to deal with emergencies and major incidents

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

- The computer system had an instant message facility so staff could call for help in the event of an emergency. In addition, emergency alarms were provided at reception. These alarms were checked and serviced by external contractors. Staff we spoke with were clear about the actions they should take in the event of an emergency, although reception staff told us they did not feel supported when patients behaved in inappropriate ways.
- All staff had completed basic life support training, although two staff had not updated this training in 2015.
- Emergency medicines were available in treatment rooms and the doctor's bags. Staff knew where emergency medicines were kept and they were checked monthly. We saw emergency medicines were in date and fit for use.
- The practice had oxygen with adult and children sized masks and a defibrillator with adult pads and these were checked monthly. There was a first aid kit and an accident book.
- The practice had developed a business continuity plan which included details of how to deal with a range of situations including power failure or building damage. The document included contact numbers of external contractors and staff, although these had not been updated to reflect new staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 monitored the use of these guidelines through discussions at clinical meetings. Medical records showed assessments were completed, investigations were carried out, referrals were made to specialist services and medicine reviews were carried out when required.
- The practice had systems in place to keep all clinical staff up to date.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available, with 7.8% exception reporting. This was an increase of 15% from the previous year. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was predominantly below the CCG and national average, although they had increased from the previous year. For example 64% of patients had a last blood pressure reading of 140/80mmHg or less compared with a national average of 77%. The number of patients with a record of a foot examination was 79% compared to the national average of 88%. All patients with diabetes had received the influenza immunisation in the last year compared to the national average of 93%. The number of patients referred to a structured education programme was 90%, in line with local and national averages of 95% and 91%.
- The percentage of patients with hypertension having regular blood pressure tests was 73%, below the CCG and national averages of 84%.

- Performance for mental health related indicators was above the CCG and national averages in some areas and below in others. For example 96% had a care plan that was reviewed, above the local and national averages of 84% and 86%, 79% had a recorded blood pressure reading which was below the local and national averages of 92% and 89% and 91% had a record of their alcohol consumption which was in line with local and national averages.
- The dementia diagnosis rate was comparable to the CCG and national average. The practice had worked to review patients and make referrals to relevant services to improve the diagnosis rate to ensure patients received appropriate care and their carers were identified and signposted to support services.
- The practice had 6.9 emergency admissions per 1,000 population compared to the national average of 13.6. Clinical audits demonstrated quality improvement.
- There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, they carried out an audit on the number of patients diagnosed with dementia, because the QOF data identified they had low prevalence with only 0.61% of the patient population. The audit identified a number of issues with the way patients were coded and when changes had been made, the number increased to 0.70%. The results were discussed at clinical and practice meetings. A second audit was carried out six months later which showed a further increase to 0.99% of the population group being diagnosed with dementia. One of the GPs carried out an audit on the number of patients with diabetes who had records of retinal screening in the previous year, to ensure they were meeting the standards set by NICE. The audit identified of the 403 eligible patients, 297 had the screening in the last year (74%). The results were discussed at a clinical meeting and the practice developed an action plan to increase the number of patients with diabetes who had retinal screening each year. A second audit was carried out six months later. This showed of the 311 patients eligible, 265 (85%) had retinal screening an increase of 11%. The practice continued to work towards increasing this number.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in applicable local audits such as monthly and quarterly reviews of prescribing and national benchmarking. Findings were used by the practice to improve services. For example, recent action was taken to ensure patients were called for blood tests before they were given repeat prescriptions for certain medicines.

### Effective staffing

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

- The practice had developed an induction programme for new staff which covered confidentiality, fire safety, health and safety and safeguarding. New staff were given a handbook with details of the contract, job description and expectations.
- The practice maintained records of training staff attended which demonstrated how they ensured role-specific training and updating for relevant staff. For example we saw those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme had received recent updates.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet these learning needs and to carry out their role. This included appraisals, coaching, mentoring, clinical supervision and support for the revalidation of doctors and in preparation for the revalidation of nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire safety, information governance, the electronic patient recording system, safeguarding adults and children. Staff had access to e-learning training modules, in-house and external 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.

- This included care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring people to other services. For people receiving end of life care they used coordinate my care to ensure other health care professionals had information to meet the patient's needs. Systems were in place for test results to be dealt with on the day they were received at the practice.
- One of the GPs used a referral log, to monitor referrals made and used this to chase up urgent referrals when patients had not been offered appointments.

Staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were reviewed and updated.

### Consent to care and treatment

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

- Clinical staff understood relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and The Children Acts 1989 and 2004. When providing care and treatment to children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff carried out an assessment to ensure best interest decisions were made when required.

### Health promotion and prevention

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice website detailed the services provided at the practice and signposted

# Are services effective?

(for example, treatment is effective)

patients to other relevant services. There were some information leaflets at the practice which informed patients of the services provided and information about how to manage their health conditions.

- The nurse and health care assistant were able to provide support with smoking cessation.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Data for 2013/2014 identified childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to children aged under two year ranged from 60% to 80% and five year olds from 60% to 74%. Flu vaccination rates for the over 65s were 60%, and

at risk groups 38%. These were below national averages. The practice had experienced a number of staff changes during the period this time and had more permanent staff and were working through an action plan to improve immunisation rates.

Patients had access to a range of health assessments and checks, including health checks for new patients and NHS health checks for people aged 40–74 years. Systems were in place to ensure follow-ups on the outcomes of health assessments and checks were made, when required.

The Patient Participation Group (PPG) had developed a newsletter with information about services provided at the practice and what to do out of hours and in the event of emergencies. Members of the PPG provided a weekly keep fit class for patients from the practice and the local community.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were polite, helpful and treated patients 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 that conversations taking place in these rooms could not be overheard.
- The reception desk and ground floor waiting area were open and did not afford patients privacy when they arrived at the practice, the waiting rooms on the first and second floors provided more privacy.

Nineteen of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring, respectful and compassionate. However, there were some negative comments about reception staff and lack of privacy at reception.

We also spoke with two members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was in line or just below the local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 83%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)

- 72% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 78% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 65% said they found the receptionists at the practice helpful (CCG average 54%, national average 60%)

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

Patients we spoke with reported mixed experiences of involvement in decision making about the care and treatment they received. They told us they generally felt listened to and supported by staff and usually had sufficient time during consultations to make an informed decision regarding treatment. Patient feedback on the comment cards we received was positive about their involvement.

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not speak English as a first language. Notices were displayed informing patients this service was available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20% of the practice list as carers. Information was displayed in the waiting rooms to direct carers to relevant local support services.

## Are services caring?

Clinical staff told us that if patients were receiving end of life care they offered support and when families had suffered bereavement, they contacted them and provided advice on how to find support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with local organisations to plan services and to improve outcomes for patients in the area. For example, the practice manager met with the local Clinical Commissioning Group (CCG) every three months to discuss patient care plans. The practice had created a report detailing actions taken and future plans to participate in a health initiative for obese patients aged seven years, although the report had not been submitted to the CCG. The practice had an active Patient Participation Group (PPG) who carried out an annual survey and met with the practice to give feedback and prioritise areas for improvement. The practice had made changes to the appointment system in response to patient feedback.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Home visits were available for house bound and older patients when required.
- There were translation services available for patients who could not speak or understand English.
- The practice had a lift to ensure access for older and disabled patients, however patients had to request for a member of staff to unlock the lift before use.
- The practice offered extended hours from 6.30pm-7.30pm Monday to Friday for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Vulnerable groups, such as homeless patients, were able to register using an address of the local homeless shelter.
- Same day appointments were available for children and those who needed them.

### Access to the service

The practice was open between 8.00am – 6.30pm Monday to Friday and was closed between 1.00pm – 2.00pm on Thursdays, at weekends and on bank holidays. The

practice operated an open walk-in surgery for registered patients between 8.00am - 11.00am. Extended hours surgeries were offered from 6.30pm-7.30pm Monday to Thursday.

The next pre-bookable appointment was available in two weeks. Two urgent appointments were available the next day. Staff knew to prioritise children and elderly patients for emergency appointments. The practice used a text message system to send patients reminders for appointments. This service was funded by the local CCG.

Results from the national GP patient survey published in July 2015 showed:

- 32% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 40% patients described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 20% patients said they usually waited 15 minutes or less after their appointment time (CCG average 57%, national average 65%).
- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 75%
- 65% of patients would recommend the surgery to someone new to the area compared to the CCG average of 79% and the national average of 85%
- 65% 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 79% and the national average of 85%
- 78% of patients said the last appointment they were allocated was convenient compared to the CCG average of 89% and the national average of 92%

People we spoke to on the day told us that they regularly faced long waiting times for both the walk-in surgery and pre-bookable appointments. The practice were aware of the delays some patients experienced, although it was not clear that they were taking steps to improve this.

The practice carried out a Friends and Family Test (FFT) monthly from April 2015. Twelve responses were received during April, May and June 2015 and patients reported mixed levels of satisfaction.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was displayed to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 11 complaints received in the last 12 months and found that they were satisfactorily handled, and dealt with in a timely way. Verbal complaints were not

documented, but dealt with on the day. Staff we spoke with were aware of learning from complaints, although we saw there were complaints raising similar concerns regarding communication issues which had not been addressed.

The practice had made some efforts to respond to improve the quality of care. For example, a telephone queue position system was implemented to inform patients of their waiting times during busy periods. In addition, the walk in surgery was implemented in May 2015 in response to the FFT in an attempt to reduce waiting times and make appointments more accessible. The results of the survey were published on the practice website, with action plans.

However, a survey carried out between April 2015 and August 2015 showed that waiting times were still high. This had not been investigated further, no actions had been taken and there was no evidence of shared learning or discussions in team meetings.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality evidence based care, work together to ensure appropriate care was provided in a welcoming environment. Staff understood and shared the vision. The partners met fortnightly which included reviewing that the services provided were meeting the standards agreed.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and staff were aware of their roles and responsibilities with the exception of those who acted as chaperones;
- The practice had developed the required policies which were reviewed and available to all staff;
- Staff had a clear understanding of the performance of the practice;
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements;
- There were arrangements for identifying risks, although the systems to manage risks had not identified gaps in staff recruitment and were not responsive to supporting staff when they experienced abusive comments and behaviour from patients.

### Leadership, openness and transparency

The partners in the practice have the experience to run the practice, they took the lead for different areas of the practice management, although staff were not always clear about who to report to. There were clinical leads for long term conditions and leaders for different areas of the practice including health and safety, infection control and safeguarding. They prioritise compassionate care. The partners were visible in the practice.

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 keeping informed about notifiable safety incidents. However they did not have a system to notify CQC of incidents when required.

When there were unexpected or unintended safety incidents:

- the practice gave people support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that there were regular staff meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise issues at staff meetings.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the Patient Participation Group (PPG), practice surveys and complaints received. There was an active PPG which met every three months, carried out patient surveys, reviewed comments on NHS Choices, and submitted proposals for improvements to the practice management team. For example, they reviewed the appointment system in response to patient feedback and upgraded the telephone system so it indicated where in the queue the caller was.
- The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they would give feedback, although not all staff felt they had been listened to when they raised concerns about the way they were treated.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>The provider had failed to carry out the required recruitment checks before new staff started work.</b>  <b>Risk assessments had not been completed regarding non-clinical staff carrying out chaperone duties.</b>
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  <b>The provider had failed to ensure that all staff completed annual basic life support training.</b>  <b>Non-clinical staff who acted as chaperone had not received training and did not understand their role.</b>