

The Surgery - Barretts Grove

Quality Report

6 Barrett Street,
London N16 8AR
Tel: 0207 254 1661
Website: website inaccessible

Date of inspection visit: 11 November 2016
Date of publication: 28/12/2016

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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Surgery - Barretts Grove	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery – Barretts Grove on 11 November 2016. Overall the practice is rated as requires improvement. Our key findings across all the areas we inspected were as follows:

- There was no emergency use oxygen or first aid kit for the event of a medical emergency and there were multiple out of date items in treatment rooms such as swabs, needles and syringes.
- The practice had a number of policies and procedures to govern activity, but there was no system to review policies and some arrangements were absent, incomplete or had not been implemented such as legionella, fire safety, health and safety and control of substances hazardous to health (COSHH).
- The practice had not carried out safety testing of any electrical equipment. Most items had been calibrated but a medicines refrigerator check was overdue.
- Infection control arrangements were unclear and not comprehensive. There was no evidence of clinical equipment cleaning and a children's play facility and chairs were visibly dirty.
- Some medicines were in unsecured medicines refrigerators in an unmarked staff only area; and Patient Group Directions (PGDs) had not been signed by the authorising prescriber to allow nurses to administer injectable medicines in line with legislation.
- Patients were safeguarded from abuse but there were weaknesses in systems for accident/ incident reporting and recording and following up safety alerts.
- The provider was aware of and complied with the requirements of the duty of candour.
- Data showed patient outcomes were comparable to the national average and staff assessed needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was undergoing improvement building and refurbishment works and had interim facilities to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Establish effective systems for managing risks to patient's safety including premises and equipment, safety alerts, out of date items, legionella, medicines and equipment and in the event of a medical emergency.

- Ensure implementation of the recruitment policy and appropriate induction and training for all staff.
- Establish effective systems and processes including reviewing and updating procedures and guidance.

In addition the provider should:

- Review the business continuity plan.
- Improve arrangements for deaf or hard of hearing patients.
- Ensure completion of premises improvements and arrangements for patient's privacy in the reception area.

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.

- Significant events were well managed to improve safety and patients were safeguarded from abuse but there was no method to follow up safety alerts or structure to report and follow up accidents and incidents.
- There was no emergency use oxygen or first aid kit for the event of a medical emergency and there were multiple out of date items in treatment rooms such as swabs, needles and syringes.
- The practice did not maintain appropriate standards of premises or equipment cleanliness and hygiene.
- Processes and systems were not in place, had weaknesses or were not implemented in a way to keep patients safe. Areas of concern included, recruitment checks, the health and safety policy and no environmental risk assessment.
- Arrangements for fire safety, electrical safety testing and Control of Substances Hazardous to Health (COSHH) and legionella were absent or ineffective (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Not all staff had the skills, knowledge and experience to deliver effective care and treatment as there were gaps in induction and training for some clinical staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patients information confidentiality.
- The reception area chairs were close to the reception desk and we heard one patients name and date of birth when arriving for an appointment. However, the patient had a relatively loud voice and reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice was also planning improvements to patient's privacy in reception following completion of building works.

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. For example, it hosted weekly diabetes care clinics for its patients that were run by the specialist diabetes care nurse from the local hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a website that could not be found via search engines. However, the practice offered online appointment booking and prescription requests through the online national patient access system.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a vision and a strategy but there was no organisational structure and there was a lack of clarity and responsibility in key areas such as health and safety and infection control.
- The practice had a number of policies and procedures to govern activity but some were absent, incomplete or had not been properly implemented such as fire safety and COSHH.
- The practice held regular governance and staff meetings and staff felt supported by management but there was no method to follow up agreed actions.
- There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had not established effective systems and processes to identify and mitigate risks.
- The practice had sought and acted on feedback from patients and staff.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as inadequate for safety and requires improvement for effective and well led. The issues identified as inadequate and requiring improvement overall affected all patients including 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 patients with atrial fibrillation with a CHADS2 score receiving anticoagulation or antiplatelet therapy was 100% compared to 98% nationally. (CHADS2 is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation, a common heart condition).

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 multidisciplinary package of care.
- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 97% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which is similar to national average of 84%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as inadequate for safety and requires improvement for effective and well led. The issues identified as inadequate and requiring improvement overall affected all patients including 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.
- 77% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was compared to 75% nationally.
- Childhood immunisation rates were comparable to national averages and ranged from 92% to 96% (ranged from 73% to 95% nationally) for under two year olds; and from 78% to 94% (ranged from 81% to 95% nationally) for five year olds.
- 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.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and we saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had online appointment booking and prescription requests.

Requires improvement



Summary of findings

- The practice offered NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 7 patients on the register with a learning disability, 6 of these patients had received an annual health check in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to national average of 84%
- Performance for mental health related indicators was below the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 69% compared with a national average of 88%.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- 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 July 2016. The results showed the practice was performing in line with or below local and national averages. Three hundred and fifty eight forms were distributed and 72 were returned. This represented 2% of the practice's patient list.

- 92% found it easy to get through to this surgery by phone which was comparable to the national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 83% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
- 70% said they would recommend their GP surgery to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards and 41 were entirely positive about the standard of care received, the remaining two had mixed feedback but no overlapping negative themes. Patients said they were treated with dignity and respect.

We spoke with four patients during the inspection. Three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient expressed elements of negative feedback including practice organisation and proactivity for childhood immunisations, but there were no overlapping themes with other patient's feedback or from patients comment cards.

The practice had reviewed its friends and family test results since April 2014 and patient's satisfaction scores showed out of 172 responses, 114 were extremely likely and 46 likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems for managing risks to patient's safety including premises and equipment, safety alerts, out of date items, legionella, medicines and equipment and in the event of a medical emergency.
- Ensure implementation of the recruitment policy and appropriate induction and training for all staff.
- Establish effective systems and processes including reviewing and updating procedures and guidance.

Action the service **SHOULD** take to improve

- Review the business continuity plan.
- Improve arrangements for deaf or hard of hearing patients.
- Ensure completion of premises improvements and arrangements for patient's privacy in the reception area.

The Surgery - Barretts Grove

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser.

Background to The Surgery - Barretts Grove

The Surgery – Barretts Grove is situated within a two storey converted residential property, it is currently undergoing extensive building and refurbishment improvement works to provide two extra consulting rooms on the ground floor, add an extra telephone line, and move telephone call answering to the first floor. The practice is situated within the NHS City and Hackney Clinical Commissioning Group (CCG), it provides services under a General Medical Services (GMS) contract to approximately 3,400 patients and provides a range of services including child and travel vaccines and extended hours. The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, and diagnostic and screening procedures.

The practice staff team includes three GP partners, two male and one female collectively providing 15 sessions, and two female regular locum GPs providing six sessions per week. There are two female practice nurses, one is a trainee in primary medical care and together they provide 13 sessions per week. The practice manager works 33.5 hours per week, and there is a team of reception and

administrative staff working a mixture of full time and part time hours. The practice is a training practice for medical students and has been certified as a teaching practice for GPs.

We were unable to gather feedback or evidence from practice nursing staff on the day of inspection because one was off on planned leave and the other at short notice on unplanned leave.

Its opening hours are:

- 9:00am to 1.30pm and 3.00pm to 6.30pm on Monday and Friday
- 9:00am to 1.30pm and 3.00pm to 7.30pm on Tuesday
- 9:00am to 2.00pm and 3.00pm to 6.00pm on Wednesday
- 9:00am to 1.30pm on Thursday

The practice is closed after 1.30pm on Thursday and on Saturday and Sunday. It closes every day for lunch from 1.30pm to 3.00pm, except Wednesday when it closes from 2.00pm to 3.00pm.

GP appointments are available from 9.30am to 12.30pm and 3.00pm to 5.00pm every weekday except Thursday when the last appointment is at 11.40am. Appointments include home visits, telephone consultations including during lunch time periods, and online pre-bookable appointments. Urgent appointments are available for patients who need them. The practice provides extended hours from 6.30pm to 7.30pm every Tuesday. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider on Thursday after 1.30pm, and between 6.30pm and 8.00am. Calls between 8.00am and 9.00am and during the lunchtime period automatically bypass to the practices' duty GP mobile telephone.

Detailed findings

The Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice area has a higher percentage than the national average of people whose working status is unemployed (10% compared to 5% nationally), and a lower percentage of people over 65 years of age (8% compared to 17% nationally). The average male and female life expectancy for the practice is 79 years for males (compared to 78 years within the Clinical Commissioning Group and 79 years nationally), and 82 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally). Locally held data showed an estimate of the practice demographic ethnicity is 7% mixed, 10% Asian, 22% black, and 5% other non-white ethnic groups.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice had not been inspected previously.

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 11 November 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

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

- Staff told us they would inform the practice manager of any incidents and there were reporting books available for recording accidents and incidents in the reception area. Neither of the books had ever been used or contained a structure to trigger significant events escalation or management. However, the practice had a structured significant events recording form that had been used by GPs and managers and supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). After our inspection the practice sent us evidence it had created a structured template for accident and incident reporting.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after there had been a spillage of bodily fluids in a communal area, the practice met to discuss details of the incident, such as location of the spillage cleaning kit and delegated staff responsible for dealing with spillages. The practice followed up by providing a new spillage kit and infection control training for all staff.

There was no system in place to ensure that safety alerts were cascaded to all relevant staff or acted upon.

Overview of safety systems and processes

Patients were safeguarded from abuse but there were gaps in systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. We saw notices in the reception area that clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP partner for safeguarding, however this was not specified in the policy. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2, and non-clinical staff to level 1 or 2.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not always maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy but there was a children's play table with resources and chairs which were visibly ingrained with dirt. Staff told us the children's play facilities were cleaned but this was not indicated on the general cleaning schedule and there was no record to indicate it had ever been cleaned. There was a touch screen check in system for patient but there was no hand sanitiser for use at or near the screen which posed a risk of patient cross infection. The clinical waste bin was locked but unsecured in a publicly accessible area outside the entrance to the practice. There was no evidence of clinical equipment cleaning for items such as the ear irrigator. There was an infection control protocol in place and staff had received up to date training but the practice did not have a clear nominated infection control lead. Management and GP partner staff told us the responsibility for infection control was transferring from the practice nurse to a partner GP and the practice manager. The practice had undertaken an infection control audit for the first time in October 2016. However, the audit had not covered or identified important areas such as cleaning of children's play

Are services safe?

facilities, hand sanitiser for the touch screen check in, or to secure clinical waste bin. Other actions were planned to be completed as part of building works that were underway but had been delayed. After inspection the practice sent us a list of equipment to be cleaned by delegated staff but there was no attendant recording template to keep a track of whether or not this was carried out or date indicated to review or evaluate for effectiveness.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation but they had not been signed by the authorising prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Immediately after inspection the practice sent us evidence it had arranged for PGDs to be appropriately signed and authorised by the relevant GP prescriber.

- Refrigerated medicines were appropriately stored but two of the three medicines refrigerators were unsecured and located on the first floor of the practice which was not demarcated, separated, secured or otherwise indicated as a staff only area. There was a baby/ toddler gate at the foot of the ground floor staircase but we became aware patients including children, sometimes inadvertently went upstairs. Staff put a sign at the bottom of the stairs on the day of inspection to indicate the first floor was staff access area only.
- We reviewed staff personnel files and found appropriate recruitment checks had mostly been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, reference

checks had not been made for a locum GP. Partner GPs told us the locum GP was well known to them and in the local area and showed us a text message from a peer GP in another practice conveying the locum GP was diligent, but the text was sent after the locum GP had started working at the practice. The practice subsequently sent us evidence it had undertaken and obtaining reference checks for locum GPs after inspection.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- Some procedures were in place for monitoring and managing risks to patient and staff safety but others had gaps. There was a health and safety policy available but it was undated and had no date for review. The policy was incomplete and had not been implemented because it did not show staff with delegated responsibilities in areas such as first aid, risk assessment and accident reporting. There was a Health and Safety poster in the reception office but no local health and safety representatives had been identified, the practice entered relevant information on the day of inspection.
- There was no overarching framework to identify hazards or assess risks within the practice. We found a small leak in a water pipe that was serving the boiler and there were multiple out of date items in treatment rooms such as swabs, needles and syringes. Staff immediately contacted the maintenance person to assess the leak. After inspection the practice told us the boiler leak had stopped and sent us evidence it had completed an environmental risk assessment plan, a checklist to ensure items in clinical rooms remained in date,
- The practice had a fire risk assessment undertaken by practice staff in October 2016 that showed fire extinguishers had been checked, but we found that fire extinguisher checks due in 2014 had not been carried out. There was no evidence of any fire drills or fire alarm safety checks or tests during the period August 2014 to 6 November 2016. Management staff told us drills were held annually but there was no documentary evidence this was the case. The nominated lead and deputy leads for fire safety were not trained fire marshals but all staff had completed online training in fire safety. After inspection the practice sent us evidence an emergency

Are services safe?

lights check was due to be carried out on 21 November 2016, that fire extinguishers had been replaced and works to its fire system battery outstanding since 2013 had been undertaken.

- None of the electrical equipment had been checked to ensure it was safe to use, staff told us this would be arranged as a matter of priority. Clinical equipment was checked to ensure it was working properly but one of the medicines refrigerators was overdue a check since March 2016. Immediately after inspection the practice sent us evidence it had arranged for electrical equipment safety testing to take place on 18 November 2016 and subsequently sent us evidence it had arranged for the medicines refrigerator to be checked on 30 November 2016.
- The practice had a control of substances hazardous to health (COSHH) risk assessment but there were no attendant cleaning chemicals safety data sheets as indicated in the protocol. After our inspection the practice provided a COSHH safety data sheet log it had designed after inspection but it was unclear whether the guidance was the same as safety guidance sheets from the cleaning chemicals manufacturer
- There was no legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) but we saw evidence the practice ordered a kit on 9 November 2016 to undertake water sample safety testing.

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have 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 emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, the practice had no emergency use Glucagon or Glucagel (for use in the event of a patient with diabetes very low blood sugar level).
- The practice had a defibrillator available on the premises but there was no emergency use oxygen or first aid kit available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff.

Immediately after inspection the practice sent us evidence it had obtained oxygen, glucagen and a first aid kit for use in the event of a medical emergency.

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 patients' needs.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% 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 1 April 2014 to 31 March 2015 showed the practice was an outlier for QOF clinical targets:

- The ratio of reported versus expected prevalence for Chronic Heart Disease (CHD) and Chronic Obstructive Pulmonary Disease (COPD). However, this was due to the practice having a relatively young population.

The practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2014 - 2015 showed:

- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 97% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which is similar to national average of 84%.

- Performance for mental health related indicators was below the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 69% compared with a national average of 88%. We checked full year 2015 – 2016 data which showed performance for mental health was 70% compared to the CCG average of 92% and the national average of 93%. GPs told us they did not exception report care for many people with mental health problems which would explain the lower results for the practice. We checked the practices exception reporting data for the 2014 - 2015 period which was 4% compared to 7% in the CCG and 11% nationally.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits undertaken in the last two years. One of these was a completed audit where the improvements made were implemented and monitored. The practice undertook an audit to investigate patients care who frequently attended at hospital accident and emergency, to understand the reasons and take action to improve care to reduce this. In the first cycle 23 of its patients had attended accident and emergency five times or more within the previous 12 months. GPs raised awareness within the practice and reviewed care for its most vulnerable patients. In the second cycle patient's frequent attendance at accident and emergency had reduced to 15 patients that had attended four times or more in the preceding 12 months. Additionally, after the second audit cycle all patients who could have been seen in primary care rather than at accident and emergency were invited for a consultation.
- The practice used benchmarking data to identify its paediatric and orthopaedic referrals were above average, GPs audited these referrals to and found they were appropriate.

Effective staffing

Staff generally had the skills, knowledge and experience to deliver effective care and treatment but there were gaps in GP induction arrangements and nurses training.

- The practice had an induction programme for all newly appointed staff. This covered such topics as

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality but had not been implemented for locum GPs. We asked a locum GP about induction and they explained a GP partner had showed them around including fire exits and given them copies of relevant policies, but there was no checklist to ensure staff induction was comprehensive enough or fully completed.

- The practice could demonstrate how they ensured role-specific training and updating for all staff, with the exception of practice nurses. Both practice nurses were off duty on the day of inspection and the practice told us it lacked evidence due to their absence. There was no on site evidence of relevant cervical screening training for either of the practice nurses or evidence of long term conditions for one practice nurse provided at any time, including after inspection.
- There was no evidence staff administering vaccines received specific training and due to staff absence we were unable to interview staff who administered vaccines to establish how they stayed up to date with changes to the immunisation programmes. There was evidence staff administering vaccines had access to on line resources and took part in discussions at practice meetings.
- 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, one-to-one meetings, 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 safety awareness, basic life support and information governance. 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. For example:

- 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 signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 82% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged

Are services effective?

(for example, treatment is effective)

its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates were comparable to national averages and ranged from 92% to 96% (ranged from 73% to 95% nationally) for under two year olds; and from 78% to 94% (ranged from 81% to 95% nationally) for five year olds.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception area was small with chairs close to the patients check in desk and we heard patients giving personal information whilst in the general reception area. However, the practice was planning improvements to patient's privacy as part of the building works and reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Forty-one of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced, the remaining two had mixed feedback and there were no overlapping negative themes. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We received feedback from a member of the patient participation group (PPG). They also 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 July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the national average of 89%.
- 87% said the GP gave them enough time which was the same as the national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the national average of 95%.

- 90% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% said they found the receptionists at the practice helpful which was the same as the national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with four patients on the day inspection. Patients generally told us they felt involved in decision making about the care and treatment they received, that 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. One patient expressed elements of negative feedback but there were no overlapping themes with other patient's feedback or from patients comment cards. We also saw that care plans were personalised.

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. There was no notices in the reception areas informing patients this service was available but staff put one up during the inspection.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 41 patients as carers (1% of the practice list). The practice signposted carers to a carers support group and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice 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. For example, it had identified a high prevalence of patients with diabetes and hosted weekly diabetes care clinics for its patients that was run by a specialist diabetes care nurse from the local hospital.

- The practice provided extended hours from 6.30pm to 7.30pm every Tuesday for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities such as a disabled toilet and step free access.
- There was no hearing loop but interpreter services were available. Staff showed us they were able to access British Sign Languages (BSL) interpreters for deaf or hard of hearing patients, and that they communicated by speaking slowly or writing notes down.
- The practice was not planning to install a lift to improve access because there were no consulting rooms on the first floor. The practice had successfully bid for improvements funding and was currently undergoing extensive building work. This included, increasing the number of consulting rooms on the ground floor from three to five, moving its telephone functions to the first floor, and increasing the amount of telephone lines into the practice from two to three.
- The practice had a website that could not be found via search engines. However, it offered online appointment booking and prescription requests through the online national patient access system. Staff told us they were not sure why the website could not be accessed and would seek to rectify this as soon as possible.

Access to the service

The practices' opening hours were:

- 9:00am to 1.30pm and 3.00pm to 6.30pm on Monday and Friday
- 9:00am to 1.30pm and 3.00pm to 7.30pm on Tuesday
- 9:00am to 2.00pm and 3.00pm to 6.00pm on Wednesday
- 9:00am to 1.30pm on Thursday

The practice was closed after 1.30pm on Thursday, on Saturday and Sunday, and every day for lunch from 1.30pm to 3.00pm, except Wednesday when it closed from 2.00pm to 3.00pm. Patients telephoning when the practice was closed were transferred automatically to the local out-of-hours service provider between 6.30pm to 8.00am. Calls received on weekday lunch times and between 8.00am and 9.00am were transferred to a duty practice partner GP mobile telephone number.

GP appointments were available from 9.30am to 12.30pm and 3.00pm to 5.00pm every weekday except Thursday when the last appointment is at 11.40am. Appointments included home visits, telephone consultations including during lunch time periods, and online pre-bookable appointments. Urgent appointments are available for patients who need them. The practice provided extended hours from 6.30pm to 7.30pm every Tuesday.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 92% found it easy to get through to this surgery by phone which was comparable to the national average of 73%.

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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible manager who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system for example a notice in the reception area.

We looked at one complaint received in the last 12 months, and found it was dealt with satisfactorily in a timely way and with openness when dealing with the complaint.

Lessons were learnt from individual concerns and complaints and from analysis of trends and action was

taken to as a result to improve the quality of care. For example, the practice contacted a patient who was unhappy about the way their appointments were managed, it apologised to the patient and the complaint was investigated. Meetings were held with relevant staff and the practice arranged communication skills training for relevant staff to prevent recurrence.

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 vision to deliver high quality care and promote better outcomes for patients. It was focused on maintaining services to sustain patients care whilst building works were underway.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

There was a governance framework but it was limited to a list of staff roles and did not include delegated areas of responsibility:

- Staff were mostly aware of staffing structure arrangements but some roles and responsibilities were unclear or undefined such as infection control and health and safety.
- Practice specific policies were available to all staff but had no date for review and had not always been implemented, such as induction.
- An understanding of the performance of the practice was maintained, for example through regular reviews of benchmarking data.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were gaps in arrangements for identifying, recording and managing risks and implementing mitigating actions such as, legionella, fire safety, equipment electrical safety and calibration of a medicines refrigerator, COSHH, and general premises environmental safety checks.
- Practice meetings were regular and included all staff, but minutes did not include actions for follow up or a method to ensure actions required were undertaken.
- Some systems had weaknesses such as accident and incident reporting, and safety alerts and follow up.
- The practice demonstrated prompt action to address a significant amount of concerns identified at inspection.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. However, we found a number of unmanaged safety concerns.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Staff were aware of lead partner GPs and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted regular team social events were held.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every three months regularly, carried out patient

Are services well-led?

Requires improvement 

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

surveys and submitted proposals for improvements to the practice management team. The practice used patients' feedback to make improvements. For example, it had undertaken its survey results to open earlier and changed from 9.30am opening to 9.00am opening Monday to Friday.

- The practice had gathered feedback from staff through staff meetings, appraisals and generally through day to

day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice had improved its in house online messaging system following suggestions from administrative and reception staff. Staff told us they felt involved and engaged to improve how the practice was run.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to:</p> <ul style="list-style-type: none">- Assess the risks to the health and safety of service users of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks. The provider did not have a supply of oxygen or some emergency medicines to be able to respond appropriately to a medical emergency, nor had they assessed the risk of not having these items.- Ensure that the premises and equipment used by the service provider are safe to use for their intended purpose. No electrical safety testing had been carried out. Assessment and management of premises and environmental risks such as legionella and fire safety were ineffective.- Ensure the proper and safe management of medicines. Two medicine fridges were unlocked in an area accessible to unauthorised individuals. Patient Group Directions (PGDs) had not been signed by the authorising prescriber.- Assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.- Ensure effective arrangements for reporting and recording accidents/ incidents and managing safety alerts.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed as there were gaps in arrangements for staff recruitment, training and induction.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.