Cranbrook Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cranbrook Surgery on 19 August 2016. Overall, the practice is rated as requires improvement.

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

- There was a system for recording and reporting significant events however, there was no system in place to monitor that lessons learnt were shared with all staff and there were no monitoring systems in place to ensure action was taken to improve safety in the practice.
- Patients were at risk of harm because systems and processes did not ensure their safety. Policies were out of date and the provider had failed to monitor and mitigate risks identified in infection control audits.
- We found concerns in relation to medicines management. There was no system in place to follow-up patients who failed to collect their prescriptions and we found an example of a patient being prescribed a high-risk medicine outside of recommended guidelines.
- The practice had only identified 0.3% of their practice population as carers.
- Information about services was available but not everybody would be able to access it.
- Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were usually available the same day.
- The practice was equipped to treat patients and meet their needs.
- There was a lack of managerial oversight and risks to patients, staff and the running of the practice were not always assessed and mitigated against. Governance arrangements did not ensure the practice was run safely and effectively, and performance was not being monitored in all areas.

Summary of findings

- The practice did not have an effective system for managing complaints. The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way for patients. This includes introducing effective processes for significant events, medicines prescribing and infection prevention and control.
- Ensure procedures and policies protect people from the risk of abuse.
- Ensure effective systems are in place for receiving and recording complaints.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

In addition, the provider should:

- Review and respond to the GP national survey regarding patient satisfaction scores for nurse consultations.
- Advertise within the practice the provision of services including online services and translation services for patients and consider improving the layout for leaflets and notices displayed in the practice to make them accessible to patients.
- Review the information displayed on the practice website and monitor this regularly so patients are up to date with information.
- Proactively identify and support patients who are carers.
- Consider improving communication with patients who have a hearing impairment.

  Consider improving facilities for parents such as baby changing facilities.
- Review the appointment system to ensure patients have timely access to appointments.
- Ensure patients can have access to a GP of the same gender as them if they wish.
- Review ways to increase take up of cervical screening, to improve patient outcomes.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Patients were at risk of harm because systems and processes had weaknesses and did not keep them safe. For example, in relation to safeguarding, infection control and medicines management.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an effective system in place for recording and reporting significant events however, there was no system in place to monitor that lessons learnt were shared with all staff and there were no monitoring systems in place to ensure action was taken to improve safety in the practice.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For

Summary of findings

example, satisfaction scores on nurse consultations were lower than local and national averages. There was no evidence of practice awareness of these low scores or any action taken to improve.
- The practice had an active website but this had not been updated with relevant information.
- Information for patients about interpreting and bereavement services was not displayed in the practice. Information for patients about other services was available but not everybody would be able to access it. For example,
- The practice had only identified 0.3% of their practice population as carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients told us they felt the GPs involved them in decision making about the care and treatment they received most of the time.

Are services responsive to people's needs?

Requires improvement

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

- Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were usually available the same day. The practice had added extended hours to improve access.
- The practice had some facilities and was well equipped to treat patients and meet their needs however; facilities such as a hearing loop, breast-feeding and baby changing facilities were not available.
- Information about how to complain was available for patients but this was not clearly displayed in the practice. There was a designated person responsible for handling complaints but we were not assured that there was an effective system in place to record complaints.
- 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, to improve access to specialist consultants for patients referred to secondary care.

Are services well-led?

Requires improvement

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

Summary of findings

- The practice had a number of policies and procedures to govern activity but we found the monitoring systems in place for some of the policies were not effective for example, the safeguarding and medicines prescribing policy.
- Governance arrangements had systemic weaknesses and did not ensure the practice was run safely and effectively and performance was not being monitored in all areas.
- There was no mission statement displayed in the practice, however, staff shared a strategy to deliver high quality care and promote good outcomes for patients.
- Although the practice proactively sought feedback from patients and staff, we found they did not always act on this, for example, in relation to addressing the low nurse satisfaction scores from the national GP survey. The patient participation group was active.
- There was a focus on continuous learning and improvement. 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for caring and responsive and well led. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. They were also offered longer appointment s and telephone appointments.
- Patients aged 75 years of age and over were offered health checks.

People with long term conditions

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for caring and responsive and well led. The issues identified as requires improvement overall affected all patients including this population group. There were, however, 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.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients with diabetes on the register, who had received a foot examination in the last year, was 91%, compared to the CCG average of 83% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and an 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 including the intermediate care management team to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for caring and responsive and well led. The issues identified as requires improvement overall affected all patients including this population group. There were, however, 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.
- 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 percentage of women who had received a cervical screening test in the last five years was 74%, which was lower than the CCG average of 79% and national average of 82%. The practice had taken steps to improve screening uptake, but this had only increased by 1% over the year.
- Appointments were available outside of school hours however; premises were not entirely suitable for children and babies. For example, there were no breastfeeding or baby changing facilities available.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for caring and responsive and well led. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for caring and responsive and well led. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The GPs 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, however, there was no information displayed in the practice relating to available mental health services.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for caring and responsive and well led. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with mental health conditions had a comprehensive, agreed care plan documented in their record, higher than the CCG average of 90% and national average of 88%.
- 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 January 2016. The results showed the practice was performing in line with local and national averages. 355 survey forms were distributed and 131 were returned. This represented 4% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% 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 64% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were mostly positive about the standard of care received. Patients said they felt listened to and dealt with in a polite and friendly manner. They found the practice to be clean and tidy and staff were very helpful, caring and treated them with dignity and respect. Six of the comment cards highlighted issues with access to GP appointments.

We spoke with four patients during the inspection. Most of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients said highlighted issues with access to appointments and that appointments did not always run on time. Some highlighted issues with privacy at the reception desk due to its open plan location. Two patients highlighted issues with their nurse consultations and felt the practice needed more nurses.

Cranbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Cranbrook Surgery

Cranbrook surgery is located in Essex and holds a General Medical Services (GMS) contract. The practice is commissioned by NHS England, London and the practice's services are commissioned by Redbridge Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, surgical procedures, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice is staffed by two female GP partners, who work a combination of 12 sessions a week. The practice also employs a part-time practice manager who works 10 hours a week; two practice nurses who provide a combination of four sessions and five full-time administration and reception team members.

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and open between 08.00am and 1.00pm on Thursday. GP appointments were between 9am and 12pm then between 4.30pm and 6pm on Monday, Tuesday, Wednesday and Friday. Extended hours were offered between 6.30pm and 7pm on Monday and Wednesday. Outside these hours, the answerphone redirects patients to their out of hours provider.

The practice has a list size of 3250 patients and provides a range of services including child health surveillance, joint injections, smoking cessation, sexual health screening, chronic disease management and immunisations.

The practice is located in an area where the majority of the population is relatively young and aged between 25-39 years of age. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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.

Cranbrook Surgery was not inspected under the previous inspection regime.

How we carried out this inspection

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

Detailed findings

- Spoke with a range of staff including a practice manager, GP partner, three receptionists and a practice nurse.
- We 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.
- Observed the premises and the practice documentation in place.

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events was not effective.

- Staff told us they would inform the practice manager or the GP of any incidents and would record any incidents in the significant events book located at reception. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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 an analysis of the significant events.

We reviewed incident reports at the practice. Although we saw evidence that actions and learning points were identified, we could not be assured that these were shared, or that the required action was taken to improve safety in the practice. For example, two of the nurses told us that they did not participate in significant event analysis and one of the nurses did not attend practice meetings where these were discussed. When we reviewed minutes of meetings, there was insufficient content in these documents to show which significant events had been discussed. Following a significant event regarding a needle with a cap found under the nurses' keyboard, it was identified that the nurse needed to complete an appropriate e-learning course. However, this e-learning at not yet been completed despite the incident occurring nearly one year ago.

The practice manager and lead GP told us that patient safety alerts were received via email and disseminated to staff. There was a safety alerts folder at the practice. Although we saw evidence that the practice took action because of safety alerts, there was no record of discussion in the practice meeting minutes.

Overview of safety systems and processes

The practice systems, processes and practices in place to keep patients safe and safeguarded from abuse were not effective:

- The arrangements in place that reflected relevant legislation and local requirements were not effective. Although policies were accessible to all staff, we found these were outdated. For example, they referred to the Primary Care Trust (PCT) instead of the Clinical Commissioning Group (CCG) and both the child and adult safeguarding policies had been last reviewed in January and March 2015. The policies did not clearly outline whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding but this was not indicated in both the policies. The GPs told us that they did not attend safeguarding meetings; however, they liased with the health visitors by phone or fax if any concerns about children who were on the 'at-risk' register. Staff demonstrated they understood their responsibilities and they attended monthly safeguarding updates with the CCG. They had all had received training on safeguarding children and vulnerable adults relevant to their role. Non-clinical staff were trained to child protection level 1, the nurses were trained to child protection level 2 and GPs were trained to child protection level 3.
- 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).
- We observed the premises to be generally clean and tidy with the exception of the carpet tiles which were observed to have stains on them. The last infection control audit carried out in July 2015 had identified this as an area of non-compliance but no action had been taken. We also noted that other areas of non-compliance highlighted in the infection control audit included peeling wallpapers, non-compliant taps and hand basins which were not actioned. The practice nurse and another trained receptionist were the infection control clinical leads. There was no evidence

provided to show that the practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, although we found this had last been reviewed in May 2014. All staff had received up to date training.

- The arrangements for managing medicines in the practice were not effective (including obtaining, prescribing, recording and handling). Processes in place for prescribing some high risk medicines such as Tacrolimus (medicine for severe eczema) were being issued outside of national guidelines; for example, for a non-specific rash, instead of severe eczema. Additionally, they had not been initiated by a consultant and a recommended first line steroid treatment had not been tried first as per NICE guidelines.
- The processes in place to monitor uncollected prescriptions needed monitoring: we found uncollected prescriptions dating back to October 2015. There was a prescribing policy in place which stated that prescriptions awaiting collection had a standard time limit of eight weeks, after which they would be investigated. However, staff did not know about this policy as they told us that uncollected scripts were put at the back of the box if not collected within three months and shredded if not collected for six months. We saw uncollected prescriptions older than eight weeks for treatment of high cholesterol, epilepsy and Vitamin D.
- The process of managing emergency medicines and vaccines kept patients safe. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams. 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. All PGDs were in date with the exception of two for Meningitis C and measles, mumps and rubella (MMR) which had expired in March 2016. (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).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a risk assessment had been carried out.
- Staff had received fire safety training and the practice carried out fire drills. However there were no nominated fire marshals. There were smoke detectors in place, but apart from fire exit signs, there was no information displayed of what to do in the event of a fire. Staff told us that they would shout as it was a small building. A fire safety risk assessment had been carried out in March 2016 with a compliance rating of B which states: No immediate risk to life in the event of a fire but improvements are recommended.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had some risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The last Legionella risk assessment had recommended action for the practice to take, which included ensuring they flushed a low use outlet twice a week and to keep relevant records. The practice did not provide evidence to show that they had acted on this recommendation.
- 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. The practice told us that staff covered each other. Locum GPs provided cover for the GPs during any planned or unplanned absences.

Arrangements to deal with emergencies and major incidents

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

Inadequate

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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' need. However, we found this was not always followed in relation to prescribing.
- The practice did not monitor that these guidelines were followed through random sample checks of patient records; however, they had protected learning time every month with the CCG where these guidelines were discussed.

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 for 2014/2015 were 95% of the total number of points available.

The overall exception reporting for the practice was 3%, which was lower than the Clinical Commissioning Group (CCG) and national averages of 11%. 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.

QOF data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, percentage of patients with diabetes, on the register whose last measured cholesterol was within normal limits was 82%, compared to the CCG average of 74% and national average of 81%.
- The percentage of patients with diabetes on the register, whose last blood pressure reading was normal, was 79%, compared to the CCG and national average of 78%.
- Performance for mental health related indicators was higher than CCG and national averages. For example, the percentage of patients with mental health conditions, on the register, who had a comprehensive, agreed care plan, was 100%, compared to the CCG average of 90% and national average of 89%.
- The percentage of patients with dementia on the register, who had received a face to face review in the last 12 months, was 94%, compared to the CCG average of 83% and national average of 84%.

The QOF indicators for the percentage of women who had received a cervical screening test in the last five years was 74%, which was lower than the CCG average of 79% and national average of 82% and highlighted for further enquiry. The practice were aware of this and explained that there was previously a shortage of female sample takers and the male GPs had not been undertaking screening tests. The practice told us that there were now three female sample takers available and a priority recall list was put in place to invite patients for smears. The practice distributed leaflets to increase uptake and patients that did not attend screening received a telephone call from the practice. Patients were also invited for screening opportunistically. As a result, their cervical screening uptake figures had improved within the last year to 75% screening uptake.

The QOF indicators for regular multidisciplinary case review meetings for palliative patients on the register were highlighted for further enquiry. We saw evidence that the practice worked closely with the palliative care and Macmillan teams. There were monthly intermediate care management meetings held with the practice to discuss palliative patients and Gold Standard Framework (GSF) meetings occurred once a year to review all palliative patients.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.

Findings were used by the practice to improve services. For example, recent action taken as a result included an audit on diabetes management at the practice against national

Good

Are services effective?

(for example, treatment is effective)

standards. The audit was to monitor and improve the number of Type 2 diabetes who had received an annual blood test to measure their average blood sugar levels. The first audit over a nine month period showed 94% of the 235 Type 2 diabetic patients had received a blood test. Changes put in place to improve this included arranging blood tests for diabetic patients at new registration and inviting patients for their medicine reviews through telephone calls and letters, which would also include a blood test. The second cycle audit covering nine months showed 97% of the 235 patients had received an annual blood test to measure their average blood sugar levels.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, equality and diversity, infection prevention and control, fire safety, health and safety, equality and diversity and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, clinical staff would attend monthly CCG led meetings and update training where NICE guidelines were discussed.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending vaccine update training.
- 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, coaching and mentoring, 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. For example, regular integrated care meetings took place with other healthcare professionals who included the social worker and community matron. During these meetings, 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.
- There was no evidence that the process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice.

The practice encouraged 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 because of abnormal results.

There was no comparable CCG or national data available for childhood immunisation rates. Data for 2014/2015 showed childhood immunisation rates for the vaccinations given to under two year olds ranged between 62% and 86% and five year olds ranged between 78% and 88%.

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.

Requires improvement

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 be slightly overheard, but not clearly, as there was a radio playing in the background with music from a radio station.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt listened to and dealt with in a polite and friendly manner. They found the practice to be clean and tidy and staff were very helpful, caring and treated them with dignity and respect. Six of the comment cards highlighted issues with access to GP appointments.

We spoke to a member of the patient participation group (PPG).

Results from the national GP patient survey showed patients mostly felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GP; however, consultation scores with the nurses were lower than local and national averages. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

Satisfaction scores for nurse consultations were lower than CCG and national average and this was in line with patient views on the day of inspection. We were not assured that the practice were aware of these scores or had taken action to address them. The practice nurse told us that there had been an increase in the practice population that had an impact on these scores. We therefore found this had not been effectively monitored to ensure improvement.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received most of the time. They also told us they felt listened to and supported by staff in particular the GPs and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was mostly positive and aligned with these views. 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 for GP consultations were in line with local and national averages. However, results for nurse consultations were lower than national average. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Requires improvement

Are services caring?

- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Patients requiring this service were offered double appointments and the option of telephone or face to face interpreting. However, we did not see notices in the reception areas informing patients this service was available.
- Chaperone services were available and advertised in the practice.
- The practice had an active website but this had not been updated with relevant information. For example, there were no survey results or PPG meeting minutes or their extended opening hours displayed on the website.

Patient and carer support to cope emotionally with care and treatment

There was a large amount of patient information leaflets available in the patient waiting area with the exception of mental health leaflets, which told patients how to access a number of support groups and organisations. We observed this information was not clearly displayed or organised due to their layout on the walls and shelves, making it difficult to easily access information.

The systems in place to identify carers were not effective. The practice told us that a number of patients were not registered as carers and could recall only 10 registered with the practice (0.3% of the practice list). The practice told us that they offered carers flu immunisations and health checks. They were also able to arrange respite care for carers through social services. There was no written information 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 by phone. This call was followed either by a patient consultation at a flexible time or by giving them advice on how to find a support service. There was no bereavement information displayed in the practice.

Requires improvement

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, the CCG had made improvements to secondary care referrals, to reduce the referral waiting time for practice patients. This had been identified as an area for improvement as the waiting times for patients to be seen by secondary care consultants was not timely.. When practice patients were referred to secondary care by the GPs, the CCG arranged for extra specialist clinics and made use of the private hospitals to accommodate demand for secondary care referrals.

- The practice offered additional clinics on a Monday and Wednesday evening until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for elderly patients and those with a learning disability. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Palliative care patients were offered same day and double appointments as well as the option of a telephone appointment.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Online services such as booking appointments and requesting prescriptions were available. However, feedback from the Friends and Family test throughout the year showed patients were not aware that online services were available despite the service being available for two years. Telephone consultations were also available.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities available but there werenobaby changing facilities in the practice.
- There was no hearing loop installed in the practice, however, the practice told us that these patients were offered sign language interpreters, although this service was not displayed in the practice. Patients with visual impairment had access to leaflets with braille print.

Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and open between 8am and 1pm on Thursday. GP appointments were between 9am and 12pm and 4.30pm and 6pm on Monday, Tuesday, Wednesday and Friday. Extended hours were offered between 6.30pm and 7pm on Monday and Wednesday. The reception staff we spoke to on the day told us that appointments could be booked up to three months in advance.Urgent appointments were available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.
- 63% 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 64% and the national average of 76%.

The majority of patients told us on the day of the inspection that they were able to get appointments when they needed them. However, six patients of the comment cards and three patients we spoke to on the day of inspection highlighted issues with accessing appointments and appointments not running to time. The practice were aware of the issues regarding appointment access and had highlighted this as an area of improvement. Their friends and family survey action plan highlighted that their growing practice size list had meant that patients found it harder to access appointments; however, they had introduced extended hours opening on Monday and Wednesday to accommodate this. It was too early to review if this change had an impact on patient satisfaction.

The practice had a system in place to assess:

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The GP would contact the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice system in place for handling complaints and concerns required monitoring.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We did not see any information displayed to help patients understand the complaints system for example, posters, or summary leaflets in different languages. This information was available on their website.

We were not assured that the practice was recording all their complaints. There had been four complaints recorded on a spreadsheet for 2015 and no complaints had been recorded for 2016. However, we found a complaint had been discussed in a May 2016, but there was no evidence of what this complaint was or where it had been recorded. Of the four recorded complaints, one had been recorded in full detail and we saw that it was dealt with in a timely manner and there was openness and transparency in dealing with the complaint. We noted that the other three complaints did not provide sufficient detail and the minutes of meeting provided where complaints were discussed were also vague. Therefore, we were unable to determine that for the majority of the time, 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.

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 told us they had a vision to deliver high quality care and good outcomes for patients. However:

- There was no mission statement displayed in the practice, however, staff shared a strategy to deliver high quality care and promote good outcomes for patients.
- The practice did not have robust supporting business plans which reflected the vision and values.

Governance arrangements

Governance arrangements had systemic weaknesses and did not ensure the practice was run safely and effectively, and performance was not being monitored in all areas.

- Practice specific policies were implemented but not monitored effectively. We found policies such as the safeguarding policy referred to older safeguarding arrangements from the Primary Care Trust (PCT), instead of Clinical Commissioning Group (CCG). There was no evidence that these policies were regularly reviewed and the lead for safeguarding was not indicated in these polices. Other policies including the medicines policy were not monitored effectively to ensure compliance and the infection control policies were not reviewed regularly; the last review was in May 2014.
- The practice did not have effective monitoring systems in place to ensure lessons from significant events were shared, and that action was taken to improve safety in the practice.
- There were poor arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The governance framework in place did not ensure that the practice was meeting its responsibilities for ensuring the safety of its patients. This included the lack of effective infection control processes, medicines management, as well as fire and health and safety processes.
- A comprehensive understanding of the quality and outcomes framework (QOF) performance of the practice was maintained.
- The system in place for monitoring and recording complaints was not effective.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, there was insufficient monitoring in relation to infection control audits which were not carried out annually.

Leadership and culture

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 written correspondence in place relating to significant events and complaints was vague and did not contain sufficient information, therefore there was no assurance that lessons were being shared and learning was taking place. For example, the practice meeting minutes showed significant events and complaints were discussed, however, this did not provide any details of the content. Complaints documents provided by the practice did not contain sufficient information of verbal and written correspondence.

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

- Staff told us the practice held regular team meetings, although not all staff attended; therefore, there was no assurance that learning was shared in the practice.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Most of the

Are services well-led?

Requires improvement

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

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. However;

- There were areas of low patient satisfaction where steps taken to improve were not clearly outlined. For example, where satisfaction scores relating to nurses treating patients with care and concern and explaining tests and treatments were low, it was unclear if the practice were aware of this and what action had been taken to improve.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys received. We also noted that the practice responded to some feedback from the NHS Choices website. The PPG met monthly and submitted proposals for improvements to the practice management team. For example, the practice installed an additional telephone line to improve access after this had been suggested by the PPG.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; however, there were no examples provided of when staff had provided feedback.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person had not ensured care and treatment was provided in a safe way. We found: • Two of the clinical staff did not participate in significant event analysis and one of the nurses did not attend meetings where these were discussed. Not all staff were involved in significant events. We were not assured that effective action was taken and lessons were shared effectively to improve safety in the practice. • We observed carpet tiles to have stains on them. The last infection control audit carried out in July 2015 had identified this as an area of non-compliance but no action had been taken. We also noted that other areas of non-compliance highlighted in the infection control audit included peeling wallpapers, non-complaint taps and hand basins which were not actioned. There was no evidence provided to show that the practice liaised with the local infection prevention teams to keep up to date with best practice. • The practice did not follow their medicines prescribing policy when it came to monitoring uncollected prescriptions. We also found the processes in place for prescribing some high risk medicines were not followed according to NICE guidelines. Two Patient Group Directions (PGDs) had expired in March 2016. • The last Legionella risk assessment had recommended action for the practice to take, which included ensuring they flushed a low use outlet twice a week and to keep relevant records. The practice did not provide evidence to show that they had acted on this recommendation.

This section is primarily information for the provider

Requirement notices

- There were no nominated fire marshals in the practice, there was no fire alarm system in place and apart from fire exit signs, there was no information displayed in the practice of what to do in the event of a fire. Staff told us that they would shout in the event of a fire, as it was a small building however, there had been no risk assessment completed to ensure that patients who were hard of hearing would be able to hear in the event of a fire.

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** **The registered person did not ensure that they had implemented robust procedures and processes that made sure that people were protected. We found:** • Both adult and safeguarding policies were outdated. For example, they referred to the Primary Care Trust (PCT) instead of the Clinical Commissioning Group (CCG) and both the child and adult safeguarding policies had been last reviewed in January and March 2015. The policies did not clearly outline whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding but this was not indicated in both the policies. The GPs told us that they did not attend safeguarding meetings. **This is in breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	**How the regulation was not being met:** • The registered provider did not have an effective system for managing complaints. Information and guidance about how to complain was not displayed in the practice. There had been four complaints recorded on a spreadsheet for 2015 and no complaints had been recorded for 2016. We found a complaint had been discussed in a May 2016, but there was no evidence of what this complaint was or where it had been recorded. We noted that three recorded complaints did not provide sufficient detail and the minutes of meeting provided where complaints were discussed were also vague. Therefore, we were unable to determine that for the majority of the time, 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. This is in breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were systemic weaknesses in governance processes at the practice. • The practice did not have robust supporting business plans which reflected the vision and values. • Practice specific policies were implemented but not monitored effectively. We found policies such as the medicines policy were not monitored effectively to ensure compliance and infection control policies were not reviewed regularly; the last review was in May 2014. • The monitoring systems in place to ensure lessons from significant events were shared and action was taken to improve safety in the practice were not effective.

This section is primarily information for the provider

Requirement notices

- The governance framework in place did not ensure that the practice was meeting its responsibilities for ensuring the safety of its patients. This included the lack of effective infection control and medicines management processes.
- Not all staff attended team meetings and the record keeping in place was vague therefore, there was no assurance that lessons were being shared and learning was taking place.
- The practice did not always act on patient feedback. where satisfaction scores relating to nurses treating patients with care and concern and explaining tests and treatments were low, it was unclear if the practice were aware of this and what action had been taken to improve.

This is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014