The Ashchurch Medical Centre

Quality Report

134 Askew Road
Hammersmith
London
W12 9BP
Tel: 0208 7353550
Website: www.ashchurchmedicalcentre.nhs.uk

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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?	Requires improvement
Are services effective?	Requires improvement
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 Aschurch Medical Centre on 6 January 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, however there was no practice policy in place for the reporting of near misses, incidents and significant events; and reviews and investigations were not thorough enough.
  - The practice had not undertaken risk assessments for infection control, control of substances hazardous to health (COSHH), the lack of provision of a defibrillator and staff providing a chaperoning service for patients not having a Disclosure and Barring Service (DBS) check.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Data showed a number of patient outcomes were low compared to the locality and nationally.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some key policies including safeguarding adults and significant events were absent.
- The practice had not proactively sought feedback from patients and did not have a patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvement are:

Summary of findings

- Ensure clear processes for the review and learning from near misses, incidents and significant events in order to promote continuous improvement and the health, safety and welfare of patients and staff.
- Ensure risks are assessed and take action tomitigate risks associated with infection control, control of substances hazardous to health (COSHH) and the provision of a defibrillator.
- Ensure a clear process and training for all staff in safeguarding adults.

The areas where the provider should make improvement are:

- Develop multidisciplinary team meetings to engage with relevant health and social care professionals to deliver a multidisciplinary package of care for patients with complex needs.
- Advertise the chaperoning service for patients within the treatment or consultation rooms.
- Advertise the interpreting service within the practice to inform patients of this service.
- Formulate action plans around patient feedback sought from all sources including the national GP survey, NHS Choices and the Friends and Family Test.
- Consider improving communication with patients who have a hearing impairment.
- Strengthen governance arrangements for practice meetings including standing agenda items and minuting of all meetings.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, however there was no practice policy in place for the reporting of near misses, incidents and significant events and when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and documented; and lessons learned were not communicated widely enough to support improvement.
- The practice had not undertaken risk assessments for infection control, control of substances hazardous to health (COSHH), the lack of provision of a defibrillator and staff providing a chaperoning service for patients not having a Disclosure and Barring Service (DBS) check.
- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements however, there was no policy or training in place for staff to safeguard vulnerable adults.

Are services effective?

Requires improvement

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

- Data showed a number of patient outcomes were low compared to the locality and nationally. For example, performance for chronic obstructive pulmonary disorder (COPD) related indicators was significantly worse than the national average at 27% in comparison with 90%.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- With the exception of a palliative care meeting held on a quarterly basis, the practice did not engage in any multidisciplinary team meetings to routinely review and update the care plans of at risk or complex patients.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example, 63% described the overall experience of their GP

Summary of findings

surgery as fairly good or very good (CCG average 84%, national average 85%); 53% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

- Patients said they were treated with compassion, dignity and respect.
- The practice did not have a Patient Participation Group (PPG) and membership to join this group was not advertised within the practice.
- There were no advertisements, posters of leaflets available for patients for emotional support with cancer, mental health or bereavement.

Are services responsive to people's needs?

Requires improvement

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

- The practice offered appointments at 8:30am daily but there was no provision of extended hours for working patients who could not attend during normal opening hours.
- Pre-bookable appointments could only be booked up to two weeks in advance. Feedback from patients reported that pre-bookable appointments were difficult to access, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, there was no hearing loop system available to assist patients with reduced ranges of hearing.
- There were no notices to advertise the translation service in the practice to inform patients this was available for them.
- Posters and the practice leaflet provided patients with information about how to make a complaint.

Are services well-led?

Requires improvement

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

- The practice had a vision but there was no strategy or business plan in place to reflect the vision and values.
- The practice had not proactively sought or analysed feedback from patients and did not have a patient participation group (PPG).
- All staff had received inductions and regular performance reviews.

Summary of findings

- Practice specific policies were available to all staff however, the practice did not have a full complement of essential policies such as significant events, incidents and near misses; and safeguarding adults.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- Practice meetings including clinical meetings, were not routinely recorded and minuted and no whole team practice meetings were held.

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 practice is rated as requires improvement for the care of older people.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, the practice had obtained 35% of the points available to them for providing recommended care and treatment for patients with heart failure and 100% for palliative care.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- There were no multidisciplinary meetings held to discuss the care and treatment needs of patients considered to be frail to avoid unnecessary hospital admissions. However there were quarterly meetings with the palliative care team.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients for long term conditions were significantly below the national and local CCG averages. For example, the practice had obtained 61% of the points available to them
- Longer appointments and home visits were available when needed.
- Patients who had been identified as having a long term condition had a structured annual review to check that their health and medicines needs were being met.
- There were no multidisciplinary team meetings held to work with relevant health and care professionals to deliver a multidisciplinary package of care for patients with complex needs.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates for the standard childhood immunisations were comparable to the local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours and the premises were suitable for babies and children.
- The practice's uptake for the cervical screening programme was 65%, which was below the national average of 82%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice did not offer extended opening hours for appointments to cater for working patients.
- The majority of patients we spoke with told us they experienced significant difficulty in booking appointments as pre-bookable appointments could only be booked up to two weeks in advance.
- Patients could book appointments or order repeat prescriptions online.
- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were arrangements in place to allow people with no fixed address to register at the practice.

Summary of findings

- It had carried out annual health checks for people with a learning disability, but there was no evidence that these had been followed up.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- All staff we spoke with knew how to recognise signs of abuse in children, however some staff were unsure how to recognise signs of abuse in vulnerable adults and there was no policy for safeguarding adults providing contact details of relevant agencies.
- There were no multidisciplinary team meetings held to work with relevant health and care professionals in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- The percentage
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 33% which was below the national average of 88%.
- The practice worked with a Primary Care Plus Worker each week to review patients experiencing poor mental health however there were no multi-disciplinary meeting held for the case management of these patients.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below or in line with local and national averages. 357 survey forms were distributed and 93 were returned.

- 44% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 63% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 53% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the standard of care received.

We spoke with 13 patients during the inspection. All 13 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure clear processes for the review and learning from near misses, incidents and significant events in order to promote continuous improvement and the health, safety and welfare of patients and staff.
- Ensure risks are assessed and take action tomitigate risks associated with infection control, control of substances hazardous to health (COSHH) and the provision of a defibrillator.
- Ensure a clear process and training for all staff in safeguarding adults.

Action the service SHOULD take to improve

- Develop multidisciplinary team meetings to engage with relevant health and social care professionals to deliver a multidisciplinary package of care for patients with complex needs.
- Advertise the chaperoning service for patients within the treatment or consultation rooms.
- Advertise the interpreting service within the practice to inform patients of this service.
- Formulate action plans around patient feedback sought from all sources including the national GP survey, NHS Choices and the Friends and Family Test.
- Consider improving communication with patients who have a hearing impairment.
- Strengthen governance arrangements for practice meetings including standing agenda items and minuting of all meetings.

The Ashchurch Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to The Ashchurch Medical Centre

Aschurch Medical Centre provides GP primary medical services to approximately 5,307 patients living in the London Borough of Hammersmith and Fulham. The borough of Hammersmith and Fulham has high proportions of single person households, young adults, ethnic diversity, and also higher rates of deprivation compared to the wider areas.

The practice team is made up of two female GPs and one male GP, a practice manager, practice nurse and four administrative staff.

The practice was open between 8:30am-1:00pm and 3:00pm-6:30pm on Monday, Tuesday and Friday; 8:30am-1:00pm and 1:30pm-6:30pm on Wednesday; and 8:30am-1:00pm on Thursday. Appointments were from 8:30am-11:40am every morning and 3:20pm-5:50pm on Monday, Tuesday and Friday and 1:30pm-5:50pm on Wednesday. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).The practice refers patients to the London Central and West Out of Hours and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services; family planning; diagnostic and screening procedures; treatment of disease, disorder or injury.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 January 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurse & 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events required improvement.

- Staff told us they would inform the practice manager of any incidents however there was no practice policy for reporting nears misses, incidents or significant events and no recording form available on the practice's computer system for staff to use.
- The practice did not carry out a thorough, documented analysis of significant events and there was no lead identified within the practice for the management of these.

We were provided with one example of a significant event which occurred in 2015, however there was no evidence provided to demonstrate signicant events were being consistently recorded and learned from over time. However, the significant event we discussed with staff which occurred in 2015 demonstrated lessons were learned to prevent reoccurrence of a similar incident. For example, as a result of the significant event which related to incorrect hormone replacement therapy (HRT) medication being prescribed for a patient; an audit was undertaken to check all patients were appropriately prescribed this medication and one GP attended a gynaecology training course which included HRT.

When there were unintended or unexpected safety incidents, we saw evidence to demonstrate patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed national patient safety alerts and the practice processes for the receipt and implementation of these. Safety alerts received were disseminated to staff by the practice manager and these were discussed at practice clinical meetings.

Overview of safety systems and processes

The practice systems and processes in place to keep patients safe and safeguarded from abuse required improvement.

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements and a child protection policy was accessible to all staff. The child protection policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, there was no policy in place to safeguard vulnerable adults. One of the GP partners was the nominated lead member of staff for safeguarding and the practice manager deputised this role. Staff demonstrated they understood their responsibilities and all had received training for child safeguarding relevant to their role. GPs were trained to Safeguarding level 3.
- An advertisement on the practice television screen in the waiting room advised patients that chaperones were available if required however, there were no posters to advertise the chaperoning service within the treatment or consultation rooms. All staff who acted as chaperones had received in-house training for the role. One longstanding member of staff who provided this service for patients had not received a Disclosure and Barring Service check (DBS check), however at the time of our inspection the practice were in the process of arranging this. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. However, no infection control audits were undertaken to identify any improvements as required.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out regular fire drills. 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 undertaken a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) however, there were no other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training with the exception of two new members of staff who had been booked onto training. There were emergency medicines available in the practice nurses' room.
- The practice did not have a defibrillator available on the premises and had not risk assessed the decision to not have a defibrillator on site. Oxygen was available with adult and children's masks. A first aid kit was available in reception.
- Emergency medicines were 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 fit for use.
- 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.

Requires improvement

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. The practice manager disseminated NICE guidelines to clinical staff and this information was used to deliver care and treatment that met peoples' needs. Guidelines were discussed as part of the practice clinical meetings and the local GP network meetings.
- The practice monitored that these guidelines were followed through audits. The practice gave us an example of a guideline which had been actioned and audited in relation to musculoskeletal hospital referrals.

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 70% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for diabetes indicators relating to foot examinations was worse than the national average at 58% in comparison with 88%. We discussed this variation with staff and we were told the practice had identified this test had not been completed by the practice nurse correctly and this had now been rectified and we saw evidence of clinical meeting minutes to demonstrate this.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 77% in comparison to 84%.
- Performance for mental health related indicators was similar to the national averages with the exception of the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan. (33% in comparison to 88%) We discussed this variation with staff and were told the practice had identified that incorrect coding on the clinical system had occurred and this was being reviewed and rectified.
- Performance for chronic obstructive pulmonary disorder (COPD) related indicators was significantly worse than the national average at 27% in comparison with 90%. We asked the practice about this variation and staff were unable to provide an explanation for these figures.

Clinical audits demonstrated quality improvement.

- There had been 4 clinical audits completed in the last 12 months and one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice identified they had a high referral rate for musculoskeletal disorders and as a result undertook an audit to review the referral criteria against national guidelines. Following this audit, the practice reduced its referral rate and continued to monitor the adherence to the referral guidelines.

Information about patients' outcomes was used to make improvements such as ensuring referrals for prostate specific antigen (PSA) testing (used to detect prostate cancer) were postponed for one month for patients experiencing a urinary tract infection to improve the efficacy of these results.

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. It covered such topics as safeguarding children, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term

Requires improvement

Are services effective?

(for example, treatment is effective)

conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was no evidence staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice did not engage in any multidisciplinary team meetings to routinely review and update the care plans of at risk patients with the exception of a palliative care meeting which was held on a quarterly basis.

Consent to care and treatment

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

- The practice had a consent policy in place and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- All clinical staff and three administrative staff had received training in dementia awareness.
- 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 GPs or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. However, there was no evidence of records audits to monitor the process for seeking consent.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available every Tuesday afternoon from a CCG Smoking Cessation Advisor.
- Patients were referred to a metabolic advice service at a local hospital for support with obesity.

The practice's uptake for the cervical screening programme was 65%, which was below the national average of 82%. We discussed this variation with the practice and staff told us they felt this issue was as a result of the mobile population of patients and a number of patients accessing a local family planning clinic for this test. The Practice Nurse and Practice Manager were responsible for following up 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 its patients to attend national screening programmes for bowel and breast cancer screening.

Requires improvement

Are services effective?

(for example, treatment is effective)

A baby clinic was provided for patients each week on Wednesdays with a Health Visitor and childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 61% to 87% and five year olds from 49% to 81%.

Flu vaccination rates for the over 65s were 57% which was below the national average of 73%. Flu vaccination rates for the at risk groups were 31% which was comparable to the national average of 39%.

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

Within the practice waiting area patients were provided with a range of health promotion information through leaflets, posters and advertisements on the practice television screen such as alcohol awareness, smoking cessation and sexual health.

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 not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the staff were helpful, caring and treated them with dignity and respect.

The practice did not have a Patient Participation Group (PPG) and membership to join this group was not advertised within the practice however there was a form on the practice website for people to complete if they were interested in being contacted via email by the practice routinely asking for their feedback on how to improve the service.

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

- 73% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 83%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 75% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 66% said the last GP they saw was good at involving them in decisions about their care (CCG average 78% , national average 81%)
- 67% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language however, there were no notices in the reception or waiting areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice television screen in the waiting room told patients how to access charitable support groups for carers , people living with dementia and older age people , but there were no advertisements, posters or leaflets available for patients for emotional support with cancer, mental health or bereavement.

The practice had a carers identification policy in place and the computer system alerted GPs if a patient was also a

Requires improvement

Are services caring?

carer and the practice had identified 12% of patients on the practice list who were carers. The practice website directed carers to the various avenues of support available to them however there was no written information available within the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them and this call was either followed by a patient consultation at a flexible time and location to meet the family's needs.

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 local GP federation Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments at 8:30am daily but there was no provision of extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and treatment rooms were on the ground floor to accommodate patients with disabilities and mobility difficulties.
- The practice did not have a hearing loop system to assist patients with reduced ranges of hearing.
- A translation service was available for patients whose first language is not English but this service was not advertised to patients. However, the practice had an electronic patient check-in system at reception in a variety of languages and the practice website featured a translation function for patients to be able to read all the information about the practice in their preferred language. Some staff members were able to speak additional languages to English including Hindi, Italian, Croatian and Polish.

Access to the service

The practice was open between 8:30am-1:00pm and 3:00pm-6:30pm on Monday, Tuesday and Friday; 8:30am-1:00pm and 1:30pm-6:30pm on Wednesday; and 8:30am-1:00pm on Thursday. Appointments were from 8:30am-11:40am every morning and 3:20pm-5:50pm on Monday, Tuesday and Friday and 1:30pm-5:50pm on Wednesday. Pre-bookable appointments could only be booked up to two weeks in advance.

The majority of patients we spoke with told us they experienced significant difficulties in booking appointments in advance and experienced long waiting times and this was corroborated with the national GP survey results for the practice. The practice manager told us the appointment system for pre-bookable appointments had been arranged in this way because previously when appointments were available for greater periods in advance, the practice experienced a high proportion of patient 'Do not attend' (DNAs). However, 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 generally below local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 44% patients said they could get through easily to the surgery by phone (national average 74%).
- 41% patients said they always or almost always see or speak to the GP they prefer (national average 37%).

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with a poster in reception and within the practice leaflet.

We looked at the two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

care. For example, in response to one complaint received which occurred at a time when appointments had overrun, clinical staff were reminded not to take any personal telephone calls during patient consultations.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to provide safe and co-ordinated care, treatment and support for patients.

- The practice had a mission statement and staff knew and understood the values however this was not advertised to patients.
- The practice did not have a strategy or business plan in place to reflect the vision and values.

Governance arrangements

The practice governance framework to support the delivery of good quality care required improvement.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were available to all staff however, the practice did not have a full complement of essential policies such as significant events, incidents and near misses; and safeguarding adults.
- A comprehensive understanding of the performance of the practice was not maintained.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- Practice meetings including clinical meetings, were not routinely recorded and minuted. There were no standing agenda items for practice meetings to ensure actions raised from previous meetings had been addressed.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions needed to be formalised. There was a lack of oversight in risk assessment and records to evidence what had been done in the practice.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners and the practice manager were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty however, there was no formal system in place for notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held reception team meetings every three months and a clinical meeting was held every month, however, there were no whole practice meetings held with both clinical and non-clinical staff.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported and were involved in discussions about how to run and develop the practice.

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

The practice had not proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice did not have a patient participation group (PPG) to gather feedback from patients. The practice manager told us the practice were in the process of developing a PPG and had arranged to meet with a local Healthwatch representative for advice on this. The practice was seeking feedback through the 'Friends and Family Test' survey and we observed this was available for patients to complete at the reception desk. However, although staff told us they read the comments received from this survey; there was no formal analysis of the results or communication with patients on action being taken by the practice in response to their feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Requires improvement

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

they would not hesitate to give feedback and discuss any concerns or issues with the GPs and practice manager. For example, staff told us they had requested the reception area to be manned by two members of staff during busy periods and there was protected time allocated for staff to process prescriptions to ensure these were completed on time for patients and these suggestions had been implemented by management.

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 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 did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The registered person did not have a practice specific policy and procedure in place for near misses, incidents and significant events. They had failed to identify the risks associated with a lack of a defibrillator, infection control, and control of substances hazardous to health (COSHH). Staff had not been trained in Safeguarding Adults. This was in breach of regulation 12(1)(2)(a)(b)(c)(e)(h) 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 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 have a practice specific policy and procedure for safeguarding adults.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.