

Shepperton Medical Practice

Quality Report

Shepperton Court Drive
Laleham Road
Shepperton
Middlesex
TW17 8EJ
Tel: 01932 220524
Website: www.sheppertonhc.co.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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shepperton Medical Practice on 14 December 2016. Overall the practice is rated as requires improvement.

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

- Risks to patients were assessed and well managed in some areas although there were some gaps in the availability of records or where risk assessments had not been carried out.
- The practice did not have risk assessments available in relation to which roles should be subject to Disclosure and Barring Service (DBS) checks, Control of Substances Hazardous to Health (COSHH) and general health, safety and security of the premises.
- Data showed patient outcomes were mixed when compared to the national averages and exception reporting was higher than average in relation to mental health and chronic obstructive pulmonary disease (COPD) performance.

- The proportion of patients with dementia who had received an annual review was 10% lower than the national average.
- Not all staff had evidence of completed DBS checks on file, including some clinical staff.
- Not all staff had received an appraisal in the last 12 months and there were gaps in staff training relating to safeguarding, fire safety and infection control.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Patients received an apology when things went wrong.
- Audits were used to drive improvements in patient outcomes.
- Patients said they were treated with compassion, dignity and respect and satisfaction in relation to the national GP patient survey was high in comparison to local and national averages.
- Patient feedback about difficulties getting through by phone was acted upon in conjunction with discussions with the patient participation group (PPG).

Summary of findings

- The practice identified which patients were carers and provided information, advice and additional support.
- There was evidence of an effective system for dealing with complaints and we saw that action was taken and learning was identified and shared.

The areas where the provider must make improvements are:

- Ensure that risk management documentation relating to the building is available on site and that risk assessments are undertaken for all relevant areas including general health and safety and security.
- Ensure a risk assessment is carried out to identify which roles will be subject to a DBS check and ensure that relevant staff have DBS checks held on file.
- Ensure that training logs are up to date and that all staff have regular appropriate training in order to carry out their role.
- Ensure that all staff have a record of an annual appraisal and personal development plan on file.

In addition the provider should:

- Ensure that action is taken to improve QOF performance and reduce exception reporting.
- Improve the proportion of patients with dementia receiving an annual review.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was evidence of mitigating action being taken to manage some risks within the practice although risk assessments were not always available to us and some areas of risk had not been assessed.
- Not all staff had evidence of checks with the Disclosure and Barring Service (DBS) and the practice had not undertaken a risk assessment relating to this for non-clinical roles.
- We saw evidence of action to manage fire safety including fire drills although there was evidence that not all staff had undertaken fire safety training.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were undertaken and patients received an apology when necessary.

Requires improvement



Are services effective?

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

- Data showed patient outcomes were mixed in some areas compared to the national average. For example in relation to diabetes.
- Exception reporting was higher than average in some areas, for example in relation to people experiencing poor mental health and those with chronic obstructive pulmonary disease (COPD).
- There were systems and processes in place for staff training although there were gaps in records relating to some aspects of staff training such as fire safety, infection control and the appropriate level of safeguarding training.
- Not all staff had records of an appraisal in the last 12 months.
- Knowledge of and reference to national guidelines were demonstrated within the practice.
- There was evidence that audit was driving improvement in patient outcomes.
- Multi-disciplinary working was taking place.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified patients who were also carers and provided them with additional support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had taken action in response to patient feedback regarding the difficulties they had experienced getting through to the practice by phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 11 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was an overarching governance framework in place within the practice; however it was unclear how effective the processes for managing risks were due to records not being available to view.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had developed a PPG and was involving them in the development of the practice.
- Staff had received inductions and attended staff meetings although not all staff received annual performance reviews and there were some gaps in staff training.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for providing safe and well-led services, and good for effective, caring and responsive services. The issues identified affects all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Age UK attended the practice on a weekly basis to offer practical help to this patient group.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe and well-led services, and good for effective, caring and responsive services. The issues identified affects all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower when compared to the CCG and national averages. For example, the percentage of patients with diabetes on the register with a record of a foot examination and risk classification was 71% compared with the CCG and national average of 81%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Requires improvement



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for providing safe and well-led services, and good for effective, caring and responsive services. The issues identified affects all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe and well-led services, and good for effective, caring and responsive services. The issues identified affects all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on one evening and several mornings a week.
- 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.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe and well-led services, and good for effective, caring and responsive services. The issues identified affects all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, not all GPs were trained to safeguarding children level three and two out of four nurses did not have a record of safeguarding adults or children training.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe and well-led services, and good for effective, caring and responsive services. The issues identified affects all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was higher at 100% when compared to the CCG and national averages of 93%. However exception reporting was higher than average in relation to mental health indicators.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system 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 were published on 7 July 2016. The results showed the practice was performing above or in line with local and national averages. 232 survey forms were distributed and 110 were returned. This represented 0.8% of the practice's patient list.

- 91% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.

- 93% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Comments were received about the excellent service, caring staff, helpful receptionists and professionalism of the practice.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure that risk management documentation relating to the building is available on site and that risk assessments are undertaken for all relevant areas including general health and safety and security.
- Ensure a risk assessment is carried out to identify which roles will be subject to a DBS check and ensure that relevant staff have DBS checks held on file.

- Ensure that training logs are up to date and that all staff have regular appropriate training in order to carry out their role.
- Ensure that all staff have a record of an annual appraisal and personal development plan on file.

Action the service **SHOULD** take to improve

- Ensure that action is taken to improve QOF performance and reduce exception reporting.
- Improve the proportion of patients with dementia receiving an annual review.

Shepperton Medical Practice

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 and a practice manager specialist adviser.

Background to Shepperton Medical Practice

Shepperton Medical Practice is a GP practice based in Shepperton in Middlesex. The practice provides GP services to 13,200 patients. Services are provided;

Shepperton Medical Practice, Shepperton Court Drive, Laleham Road, Shepperton, Middlesex, TW17 8EJ.

There are seven GP partners (male and female) and one salaried GP (female). The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are seven female members of the nursing team; four nurses and three health care assistants. GPs and nurses are supported by a practice manager and a team of reception/administration staff.

The practice was open between 8.30am and 6.30pm Monday to Friday and appointments were available during this time. Extended hours appointments were offered between 6.30pm and 8pm on a Tuesday, between 7am and 8am on a Tuesday, Wednesday and Thursday and from 7.30am on a Monday. In addition to pre-bookable appointments that could be booked up to six weeks in

advance, urgent appointments were also available for patients that needed them. Patients are provided information on how to access an out of hours service (Care UK) by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; chronic disease management, weight management, smoking cessation, maternity services, and holiday vaccines and advice. They also ran a group for patients with diabetes although at the time of the inspection nursing staff told us this had not been as regular as they would have liked due to some changes to the nursing team, however they were hopeful the groups would run regularly again in the near future.

The practice has a higher proportion of patients over the age of 65 when compared with both the CCG and national averages and a lower proportion of patients under the age of 18. In addition the practice had a lower proportion of patients in paid work or education and lower unemployment. The practice is in the third least deprived decile, with significantly less deprivation than the national average and slightly less deprivation than the CCG average.

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.

Detailed findings

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 14 December 2016. During our visit we:

- Spoke with a range of staff including four GP partners, a trainee GP, the practice manager, two practice nurses, two healthcare assistant and four reception/administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and 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).
- From the sample of 16 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident where a patient was given incorrect information relating to specimen results was reviewed and discussed with staff. The process for giving results was reviewed and staff received training to prevent the same thing happening again.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety; however there were gaps in relation to safeguarding training and Disclosure and Barring Service (DBS) checks.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We were told that the GPs attended safeguarding meetings when possible or

provided reports where necessary for other agencies. The lead GP for child safeguarding told us they met informally with the health visitor based on site at the practice on a weekly basis or as required.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. However records of staff training did not show that all staff had attended up to date safeguarding training. For example, while nurses we spoke with told us they had attended child safeguarding at level two, the practice training log did not include safeguarding training for two of the four nurses. Only three of seven GPs had certificates to demonstrate they were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. There was evidence that some staff had attended chaperone training, however not all those who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not undertaken a risk assessment for all roles within the practice as to which roles should be subject to a DBS check.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean tidy. There were cleaning schedules and monitoring systems in place. Staff we spoke with told us there had been some issues with the standards of cleaning within the practice and that these had been brought to the attention of the cleaning contractor. However, staff told us that these issues were ongoing and had resulted in practice staff taking on additional cleaning duties.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff training logs showed that a number of staff had received training in 2014 or 2015. However, the log did not include evidence of nursing staff having attended infection

Are services safe?

control training or evidence of annual training updates for all staff. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body. However, the practice had not undertaken a risk assessment relating to which roles within the practice were subject to a DBS check. On the day of inspection they developed a policy that stated all clinical staff were subject to checks, however evidence of the appropriate checks through the DBS was inconsistent. For example, a spreadsheet from the practice that included a section for DBS checks had gaps for two of the four nurses. We reviewed the personnel file for one of the nurses and evidence of a DBS check was not found.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- An annual fire risk assessment was carried out. The practice carried out regular fire drills and fire alarm testing. There were designated fire marshals within the practice although not all staff had a record of attending fire safety training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had some other risk assessments to monitor safety of the premises such as infection control. We saw evidence of water testing and mitigating action relating to the risk of legionella, however we were told that the risk assessment was held by NHS property services who manage the building but we did not have sight of this (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Other risk assessments such as those relating to the control of substances hazardous to health (COSHH), premises and security and general health and safety were not available to view.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

Overall exception reporting at 10% was the same as the CCG and national average. (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). However, exception reporting was higher than average in some specific areas. For example in relation to the percentage of patients with mental ill health who had a comprehensive care plan documented in their record where exception reporting was 45% higher than the CCG average and 44% higher than the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower when compared to the CCG and national averages. For example, the percentage of patients with diabetes on the register with a record of a foot examination and risk classification was 71% compared with the CCG and national average of 81%.

- Performance for mental health related indicators was higher at 100% when compared to the CCG and national averages of 93%. However exception reporting was higher than average in relation to mental health indicators.
- Asthma related performance indicators at 100% were similar to CCG (99%) and national (97%) averages.
- Chronic obstructive pulmonary disease indicators at 100% were similar to CCG (98%) and national (96%) averages, however exception reporting was higher than average. For example, exception reporting relating to the percentage of patients with COPD who had a review in the preceding 12 months was 27% compared to the CCG average of 13% and the national average of 12%.

There was evidence of quality improvement including clinical audit:

- We saw evidence of two clinical audits commenced in the last two years; both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a repeat audit cycle demonstrated improvements from 49% to 65% in meeting the criteria set out in NICE guidance relating to the treatment of type two diabetes.

Information about patients' outcomes was used to make improvements such as a 21% reduction in antibiotic prescribing as demonstrated in an audit of the use of amoxicillin (a type of antibiotic) in children.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

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

Are services effective?

(for example, treatment is effective)

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. We saw evidence of CCG updates being sought for clinical staff and of discussions around training updates in clinical meetings. There was ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. We saw evidence that some administrative staff had received an appraisal within the last 12 months, however seven had no record of an appraisal and six had not received one in the previous 12 months. Healthcare assistants and nurses told us they could recall having received appraisals, but there was no record of this in the previous 12 months.
- Staff generally received training that included: safeguarding, fire safety awareness, basic life support and information governance. However, there were some gaps in training attendance apparent. For example, one healthcare assistant and two nurses did not have a record of annual fire training update attendance. There was no record of nursing staff having received infection control training and other staff records of infection control training were dated in 2014 or 2015 and did not include annual updates. 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.
- From the sample of documented examples we reviewed we found that 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle issues.
- Smoking cessation advice was available from the nursing team within the practice. In addition the practice nurses ran an alternate month diabetic group support service for patients newly diagnosed. However, nurses told us that due to staff shortages these have not been taking place as regularly as planned.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 80% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 91% to 95% compared with the CCG average from 85% to 89% and five year olds from 68% to 90% compared with the CCG average from 68% to 95%.

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

bowel and breast cancer screening. Bowel cancer screening for those eligible was at 59% compared with 56% (CCG) and 58% (nationally). Breast cancer screening for those eligible was at 77% compared with 72 % (CCG) and 72% (nationally).

There were failsafe systems 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also 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 were above or in line with local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 253 patients as

carers (2% of the practice list). The register was used to offer carers flu vaccines and information about carer breaks. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support and there was a monthly service held at the practice by Age Concern to provide specific support and advice for carers.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered a patient consultation at a flexible to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours. They also offered early morning appointments from 7am on a Tuesday, Wednesday and Thursday and from 7.30am on a Monday.
- The practice offered a minor illness service, led by the nurse practitioner.
- The practice had developed a 'fridge flyer' for patients to download which gave information on where to go for health advice including advice for minor ailments and access to more urgent care.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included interpretation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday and appointments were available during this time. Extended hours appointments were offered between 6.30pm and 8pm on a Tuesday, between 7am and 8am on a Tuesday, Wednesday and Thursday and from

7.30am on a Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 44% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

Issues with patients getting through easily to the practice by phone had been highlighted as the result of a patient survey undertaken by the practice and their patient participation group (PPG). As a result, an action plan was implemented that included sharing more information with patients about booking non-urgent appointments, the use of on-line services and ensuring more staff were available to answer the phone during busier times. During the inspection one out of four patients commented that they had experienced some difficulties getting through by phone. None of the CQC comment cards included comments about difficulties getting through by phone.

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

The practice had a system to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

Requests for a home visit went directly to the patient's named GP who would prioritise and arrange a visit as needed. 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 had a system for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system.

We looked at 11 complaints received in the last 12 months and found that these were satisfactorily handled with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, GPs discussed a consultation where a patient had been unhappy they only had a 10 minute appointment when they had several concerns. This had led to the patient having to make a second appointment to deal with something that had the potential to be quite serious. As a result of this the GPs agreed that where a patient had several concerns it was important that the GP prioritise the more pressing issues with a view to managing risk, rather than expecting the patient to do this.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy which reflected the vision and values and had identified the challenges facing the practice as well as clear priorities for the future.
- The partners and practice manager informed us they were in the process of discussing potential changes and a contract increase relating to the building that had been proposed by the owner which may have a detrimental impact for the practice. They told us that this was having an on-going affect in relation to their ability to plan and prioritise for the future.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, nurses had lead roles in infection control, health promotion and different aspects of chronic disease management. GPs had lead roles in medical student training, safeguarding, staff welfare and end of life care.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, records were not always available on site so there were gaps in terms of some documented risk assessments. For example, there was evidence of

mitigating action taken in relation to fire safety and legionella risk although risk assessments were not held on site and were not available for us to view. Other areas of risk relating to the building, security and control of substances hazardous to health were not made available to us.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. For example, we saw evidence that an annual review of significant events and complaints had taken place.

Leadership and culture

The partners and practice manager told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff described the culture and atmosphere of the practice as being a happy one with good team work.

The provider was aware of and had systems 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. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was newly developed but we saw that they had been involved in patient surveys and submitted proposals for improvements to the practice management team. For example, they had worked with the practice to make improvements to the telephone answering system when patients had highlighted difficulties getting through to the practice by phone.

- the NHS Friends and Family test, complaints and compliments received
- staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they had invited a representative from the CCG to attend their annual review of significant events in order to potentially share learning with other practices.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that risks relating to the health, safety and welfare of services users and others were adequately identified, recorded and mitigated.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure all staff had attended up to date training or received annual appraisals.</p> <p>This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure they had a record that all staff had received checks with the Disclosure and Barring Service (DBS) relevant to their role.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.