The Grange Road Practice

Quality Report

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Date of inspection visit: 17 November 2015
Date of publication: 18/02/2016

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

Ratings

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

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 The Grange Road Practice on 17 November 2015. Overall the practice is rated as inadequate.

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

- Most staff understood their responsibilities to raise concerns, and to report incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, there was little evidence to show that lessons learned were widely communicated or that safety was improved.
- Risks to patients who used services were not always well assessed or managed to ensure that patients were kept safe. For example, basic life support training had not been completed by several staff. Processes for chaperoning, recruitment, safeguarding, fire safety and infection control, and monitoring the use of prescription pads and emergency medicines were not robust. In addition, there was no defibrillator available.
- Data showed patient outcomes were average for the locality. Audits had been carried out and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were not always treated with compassion, dignity and respect by staff and did not always feel involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Appointment systems were not working well and patients said that they found it difficult to access urgent and pre-bookable appointments.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but these had not been updated with practice-specific information and not all staff members were aware of how to access them.
- The practice told us they held regular meetings and issues were discussed at ad-hoc meetings; however there was limited documentation to demonstrate this. There was no documented evidence to show that GPs regularly attended multi-disciplinary meetings.
- The practice had sought feedback from staff and patients; however staff did not feel valued or supported by the practice leaders, particularly when raising concerns and dealing with aggressive patients.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff. Ensure there is a system to identify adults and children at risk, all staff are aware of the safeguarding lead, all staff complete the appropriate level of training and all safeguarding concerns are managed in accordance with the safeguarding policy.
- Ensure all staff receive mandatory basic life support and infection control training and that all staff know how to access emergency medicines.
- Ensure an infection control policy is in place.
- Ensure that patients are enabled or supported to understand care and treatment available, and patients are involved in decisions about their care.

In addition the provider should:

- Improve the availability of appointments and telephone access for patients.
- Ensure all staff have access to appropriate policies, procedures and guidance to carry out their role, and that all policies are updated to include names of relevant leads and ensure staff are aware of these.
- Ensure feedback from staff is responded to and appropriately addressed.
- Ensure there are systems in place for checking emergency medicines and oxygen, and monitoring the use of prescription pads by all staff.
- Ensure all outstanding actions from the infection control audit are addressed and dispersible Aspirin is available in the emergency medicines.
- Ensure there is leadership capacity to deliver all improvements.
- Ensure appropriate support is provided to patients who have suffered bereavement.
- Review the need for a defibrillator and review the risk assessment in relation to this.
- Conduct two-cycle clinical audits to improve the standard of care provided for patients.
- Ensure patients have access to a female GP.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Most staff understood their responsibilities to raise concerns, and to report incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, there was little evidence to show that lessons learned were widely communicated or that safety was improved.
- Risks to patients who used services were not always well assessed or managed to ensure that patients were kept safe. For example, basic life support training had not been completed by several staff. Processes for chaperoning, recruitment, safeguarding, fire safety and infection control, and monitoring the use of prescription pads and emergency medicines were not robust. In addition, there was no defibrillator available. The practice provided us with a risk assessment for the lack of a defibrillator, after our inspection, which had been completed on the day of the inspection but it did not completely mitigate the risks of not having a defibrillator.
- Staff told us practice leaders did not always respond appropriately to safeguarding concerns raised.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were low for the locality in several areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff; however several staff members had not received training appropriate to their roles.
- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of people's needs but we found record keeping for this was limited or absent.

Summary of findings

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services.

- Nationally reported data showed that patients rated the practice lower than others for several aspects of care. For example, 70% of patients said they were treated with care and concern by the last GP they saw, compared with the CCG average of 80% and national average of 85%.
- Some patients we spoke with said they were treated with compassion, dignity and respect; however not all felt cared for, supported and listened to or involved in making decisions about the care and treatment they received.
- There was insufficient information available to help patients understand the services available to them.

Are services responsive to people's needs?

Requires improvement

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

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice joined the Extended Primary Care Service to which patients who were unable to get an appointment from the practice could be referred.
- Patients reported poor continuity of care and difficulty in accessing a named GP, bookable and urgent appointments.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand; however there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- Staff were not aware of the mission statement and did not know or understand the practice values, vision and strategy.
- There was no clear leadership structure and staff did not feel supported by the practice leaders.
- The practice had a number of policies and procedures to govern activity, but they needed to be updated. For example, the complaints policy did not include details of the complaints lead. We requested but were not provided with evidence of an infection control policy.

Summary of findings

- Staff told us issues were discussed at ad hoc meetings and staff meetings. Although the practice held regular clinical meetings, we requested but were not provided with documented evidence of regular governance meetings.
- The practice had sought feedback from staff; however all staff we spoke with told us they did not feel their views were valued and they did not feel supported by the practice leaders.
- The practice had sought feedback from patients through its active Patient Participation Group; however actions implemented had not been sufficient to make improvements.
- All new staff had received inductions but not all staff had received regular performance reviews.

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

Inadequate

The provider was rated as inadequate for safety, caring and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of older people.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, 100% of patients aged over 75 with a bone fragility fracture were being treated with a bone-sparing agent, compared to the Clinical Commissioning Group (CCG) average of 98% and national average of 93%.
- There were 279 patients aged over 75 years on the register and 37 had an individualised care plan in place.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was the same as CCG and national averages.
- The practice provided care and treatment for older people in line with current evidence-based practice.
- Longer appointments were available but staff told us access for those who were housebound was limited.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety, caring and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Nationally reported data showed that diabetes related indicators was worse than Clinical Commissioning Group (CCG) and national averages. For example, 75% of patients with diabetes received the annual flu vaccine
- Nursing staff did not have lead roles in chronic disease management.
- The practice did not have a register of patients at the highest risk of hospital admission and we did not see evidence to show that the practice provided appropriate support for these patients.
- The practice liaised with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Longer appointments and home visits were available when needed but staff told us access for those who were housebound was limited.
- Not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

Inadequate

The provider was rated as inadequate for safety, caring and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Nationally reported data showed cervical screening rates were poor. For example, 68% of women aged 25-64 had a cervical screening test in the previous 5 years, compared to the national average of 82%.
- Systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, there was no register of children and young people who had a high number of A&E attendances. In addition, the practice did not keep a register of adults and children at risk of abuse.
- Immunisation rates were average for all standard childhood immunisations.
- Patients told us 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.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety, caring and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were flexible.

Summary of findings

- The practice offered online services and a range of health promotion and screening that reflects the needs for this age group however the cervical screening rate was worse than the national average and the practice did not carry out health checks for patients aged 40 to 74 years.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety, caring and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. None of the 23 patients with a learning disability on the practice register had received an annual health check or review in the previous 12 months.
- It offered longer appointments for people with a learning disability.
- There was little evidence to show the practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice liaised with relevant health and care professionals in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours; however they told us a safeguarding concern which had been appropriately reported within the practice had not been investigated.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety, caring and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Nationally reported data for mental health indicators was worse than Clinical Commissioning Group (CCG) and national

Summary of findings

averages. For example, 76% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the previous 12 months (CCG average 85%, national average 88%).

- The practice carried out advance care planning for patients with dementia. Eighty-three per cent of patients with dementia had a face-to-face care review in the previous 12 months (CCG average 86%, national average 84%).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice had liaised with relevant health and care professionals in the case management of people experiencing poor mental health including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with or below local and national averages. Four hundred and three forms were distributed. There were 69 responses and a response rate of 17%.

- 72% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 78% find the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 63% with a preferred GP usually get to see or speak to that GP (CCG average 54%, national average 60%).
- 67% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 92% say the last appointment they got was convenient (CCG average 89%, national average 92%).
- 44% describe their experience of making an appointment as good (CCG average 67%, national average 73%).
- 52% usually wait 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%).
- 40% feel they don't normally have to wait too long to be seen (CCG average 46%, national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which contained mainly negative comments about the standard of care received. Patients we spoke with did not always feel involved in decisions about their care, often faced difficulties getting booked and urgent appointments and did not feel GPs were compassionate. Staff were offered customer service training but it had been turned down.

The Grange Road 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, a practice manager specialist adviser and an Expert by Experience.

Background to The Grange Road Practice

The practice operates from a single location in Bermondsey. It is one of 45 GP practices in the Southwark Clinical Commissioning Group (CCG) area. There are approximately 5384 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury, maternity and midwifery services and diagnostic and screening procedures.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours access, dementia, influenza and pneumococcal immunisations, minor surgery, patient participation and remote care monitoring.

The practice has a higher than average population of patients aged 20 to 50 years. It has higher than the national average income deprivation affecting children and adults. Of patients registered with the practice, 82% are white, 10% are Asian, 4% are black and 4% are from a mixed or other ethnic background.

The practice clinical team includes two male GP partners, a long-term male locum GP, a male locum GP, seven female practice nurse and a female health care assistant (HCA). The GP partners work 15 combined sessions per week, the long-term locum GP works two sessions and the locum GP works six sessions. The nurse works two days per week and the HCA works four days. The clinical team is supported by a receptionist manager, four receptionists, an administrator, a medical secretary, an I.T. lead and a practice manager.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on weekends and bank holidays. Appointments are available from 9.00am to 11.30am and from 4.00pm to 6.30pm Monday to Friday with the exception of extended hours when the practice is open from 6.30pm to 8.00pm Monday and Tuesday. There are five treatment rooms, all of which are on the ground floor. There is a lift, wheelchair access and baby changing facilities.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to an external out-of-hours service provided by a contracted out of hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice had not been inspected prior to our inspection on 17 November 2015. There were concerns that led to the consideration of an inspection visit. In line with our methodology, we carried out this inspection service to check whether the

practice was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we spoke with a range of staff including the practice manager, nursing staff, reception staff, administrative staff and GPs. We also spoke with nine patients and reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service. We observed how people were being cared for, spoke with patients about their experiences and reviewed the personal care or treatment records of patients.

Inadequate

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. One out of six non-clinical staff members we spoke with was not clear about the process for recording incidents.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and national patient safety alerts. We asked for but were not provided with minutes of meetings where these were discussed. Staff told us they were discussed at informal meetings between the GPs and practice manager but not with non-clinical staff. We saw some evidence of actions taken to improve safety in the practice but did not see evidence where lessons from incidents were shared with all relevant staff.

Staff told us they were asked to carry out changes to medicines despite raising concerns to the practice partners at a meeting in October 2015 that they had not received training for it and did not feel comfortable doing it. A partner GP told us that there was a policy for prescriptions to be checked and signed by the GPs before being issued to patients. We requested but did not see evidence of such a policy.

Overview of safety systems and processes

Systems, processes and practices did not always operate effectively enough to keep people safe.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 and all staff were aware of who it was. We were told that the GPs regularly attended safeguarding locality meetings. Staff we spoke with demonstrated they understood their responsibilities. We requested but were not provided with evidence that the health care assistant (HCA) had received level 2 training. GPs were trained to level 3. Staff told us that on one occasion, a safeguarding concern regarding a young child which had been appropriately reported within the practice had not been followed up. The practice did not keep a register of vulnerable adults and children and had no formalised system to alert staff to patients who may be living in vulnerable circumstances.
- A notice was displayed in the waiting areas and treatment rooms, advising patients that staff would act as chaperones, if required. Staff 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). None of these staff members had received training for the role and they were unclear about which chaperoning protocols to follow because they had been given differing instructions from the GPs.
- We observed the premises to be clean and tidy. There was no infection control lead in place and not all staff had received up to date training. We were told that an infection control policy was in place but the practice manager was not able to find it. An infection control audit was undertaken by an external third party on 12 November 2015, which highlighted several areas for improvement and we saw evidence that action had been taken to address most areas identified; however some improvements were needed; a toilet door lock and a foot pedal function on a waste bin in the toilet were out of order and the paper towel disposal waste bin beside the hand washing sink was not foot-operated or lidded. There were no hands-free clinical waste bins in treatment rooms but we were told they had been ordered.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were not robust enough to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored but there were no clear systems in place to monitor their use. Staff told us there was a procedure for receptionists to sign out prescriptions they issued to patients but they were not sure if there was a similar system used by the GPs. The vaccines log had not been completed daily. The fridges used to store vaccines did not have two

thermometers each, no steps had been taken to ensure an uninterrupted electrical supply to the fridges as recommended in the infection control audit, and there was no evidence of monthly calibration to ensure that they were accurate. We were told that additional thermometers would be ordered. One vaccine fridge had been stocked almost to full capacity instead of a maximum of half capacity to allow for adequate ventilation. The cold chain protocol had not been updated to state the new deputy in charge of maintaining the vaccines. Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- Recruitment policies stated checks including proof of identification, references, qualifications, registration with the appropriate professional bodies and DBS checks were carried out however this was not reflected in the four staff files we were provided with. For example, two references had not been sought for the nurse, immunisation records were not in place for four receptionists and DBS checks had not been sought for the health care assistant (HCA) or the long-term locum GP prior to employment and the practice had not assessed any risks in relation to this. We were told that new DBS checks had been sought after our inspection, and were being processed for the HCA and locum GP.

Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were some procedures in place for monitoring and managing risks to patients and staff safety. There was no health and safety poster displayed in the reception office. There was a health and safety policy template available but it had not been updated to include practice-specific details. For example, it did not include the name of the practice manager, employee representatives, various leads or requirements for training new recruits on health and safety issues. The practice had up to date fire risk assessments. The last fire evacuation drill was carried out in 2013. None of the staff we spoke with were aware of the designated meeting point in the event of a fire. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella but it had not carried out its own infection control audit.
- 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 but three patients we spoke with told us they felt GP and nursing staffing levels were not sufficient to meet patients' needs. Feedback from staff we spoke with aligned with these views. A partner GP told us the practice had reduced nursing cover following an informal audit carried out in 2014 which showed that the practice was not reaching its full capacity for appointments with nursing staff; however no further review was carried out to ensure nurse appointments remained sufficient.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency however not all staff were aware of how to use it. Partners told us there was a zero tolerance policy but staff we spoke with told us the partner GPs did not intervene when they used the alert system and that GPs had hidden on two occasions to avoid patients who were being verbally abusive to reception staff. Staff said they regularly faced aggressive and threatening behaviour from patients with no support from the GPs. A partner GP told us security cameras had been installed by the premises landlord in 2014 to improve safety of the practice; however incidents of aggressive behaviour had occurred since and staff continued to feel unsafe.
- Not all staff had received annual basic life support training. The practice manager informed us after the inspection that this training would be arranged.
- The practice did not have a defibrillator available on the premises. The partners told us they had carried out a risk assessment, the day before our inspection, to mitigate the need to have one. We were provided with

Inadequate

Are services safe?

evidence of a risk assessment which had been completed on the day of our inspection but it was not comprehensive and did not completely mitigate the risks of not having a defibrillator.

- There was oxygen available with adult and children's masks, and a first aid kit. There was no accident book available but we were told that one had been ordered.
- Emergency medicines were easily accessible to staff in a secure area of the practice but not all staff knew of their location. All the medicines we checked were in date and fit for use. The practice did not have dispersible Aspirin in line with recommended guidelines. They told us they had determined it was not necessary to have Aspirin on the premises after carrying out an informal analysis of what other practices in the locality kept in stock.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage however none of the staff members we spoke to knew of its existence or how to access it. We were told that all staff members had each other's contact numbers in case of emergencies.

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, but it did not carry out random sample audits of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.8% of the total number of points available, with 5.1% exception reporting. This was an improvement from 88% the previous year. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was below national averages. For example, 70% of patients with diabetes had a last blood pressure reading of 140/80mmHg or less in the previous 12 months compared to the CCG average of 75% and the national average of 78%.

  Eighty-five percent of patients with diabetes received the flu vaccine in the previous six months (CCG average 88%, national average 94%).

  Seventy-five percent of patients with diabetes had a foot examination and risk classification in the previous 12 months (CCG average 85%, national average 88%).
- Performance for mental health indicators was below the national average. For example 76% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the previous 12 months (CCG average 85%, national average 88%).
- Performance for hypertension related indicators was similar to the national average. For example, 79% of patients with hypertension had a blood pressure reading of 150/90mmHg or less in the previous nine months (CCG average 81%, national average 84%).
- Performance for dementia related indicators was similar to the national average. For example, 83% of patients with dementia had a face-to-face care review in the previous 12 months (CCG average 86%, national average 84%).

  Clinical audits demonstrated quality improvement.
- There had been three clinical audits but there were no two-cycle audits. Only one of the audits had a completed single cycle conducted in the last two years, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit on the use of high dose inhaled corticosteroids in patients with asthma and chronic obstructive pulmonary disorder (COPD) identified 14 patients who required intervention. 14 patients received a reduction in the amount or dose of their medicine, two were invited for smoking cessation and one was referred to a chest clinic for further investigation.

The practice participated in local audits and benchmarking and peer reviews by attending locality meetings but there was no evidence to show they participated in accreditation or research.

Information about patients' outcomes was used to make improvements. For example, the practice followed recently updated best practice guidelines received from NICE on the prevention of cardiovascular disease (CVD) in patients with type 2 diabetes, by commencing patients on the appropriate medicine before they developed a higher risk of CVD. Learning points were shared at a clinical meeting. The practice had not analysed the impact of these changes at the time of our inspection.

Effective staffing

Requires improvement

Are services effective?

(for example, treatment is effective)

Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. There was a locum pack for locum GPs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs; however we found not all staff members had received an appraisal within the previous 12 months. The practice manager told us appraisals had been booked to be received in December 2015. Staff did not always have access to appropriate training to meet their learning needs and to cover the scope of their work. We were told after our inspection that any outstanding training would be booked. There was on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

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 test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. One patient expressed concern over a delayed oncology referral which had gone missing and another patient said prescriptions had not been electronically relayed to the pharmacist on occasions.

Staff told us they worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

The locum GP attended a palliative care multi-disciplinary team meeting (MDT) in November 2015. A partner GP told us they attended monthly locality and MDT meetings. We requested but were not provided with evidence of this, or that learning from the palliative care MDT attended by the locum GP was shared with practice staff. We also did not see evidence that care plans were routinely reviewed and updated. For example, 37 out of 279 patients aged over 75 years had an individualised care plan in place and none of the 23 patients with a learning disability had received an annual health check or review in the previous 12 months.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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 and weight management. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the health care assistant.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme had improved from 68% in

Requires improvement

Are services effective?

(for example, treatment is effective)

2013/2014 to 73% in 2014/2015, which was lower than the national average of 82%. The practice told us there was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 3% to 97% compared to the CCG average of 6% to 91%, and five year olds from 73% to 99%. (CCG average 78% to 94%).

The flu vaccination rate for the over 65s was 72%, which was the same as the national average. The flu vaccination rate for at risk groups had increased from 44% in 2013/2014 to 48% in 2014/015, which was in line with the national average of 52%.

Patients had access to some health assessments and checks. These included health checks for new patients. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice did not carry out NHS health checks for people aged 40–74. Staff told us this was because they took up too many appointment slots.

Inadequate

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients and treated people with dignity and respect .

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they were able to occasionally offer them a private room to discuss their needs.

Nine of the 13 patient CQC comment cards we received were negative about the service experienced. Five patients commented that they found GPs rude or uncaring. Two comments highlighted concerns with a lack of confidentiality, with one comment indicating that patients' medical records had been left on full display at the reception desk on occasions. We noted that paper records stored on carousels behind the reception area were visible from the reception desk. Three patients we spoke with said receptionists had not treated them with dignity or respect, and three patients commented on comment cards that they found reception staff helpful although they appeared stressed when dealing with challenging patients.

We spoke with two members of the patient participation group (PPG) on the day of our inspection who told us they were generally satisfied with care received from clinical staff but felt that reception staff did not always have a good attitude.

Results from the national GP patient survey showed patients were not always satisfied with how they were treated. The practice was rated below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 66% said the GP gave them enough time (CCG average 82%, national average 87%).
- 70% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 80%, national average 85%).
- 87% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average of 85%, national average 90%).
- 78% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

The practice manager told us customer service training had been offered to all staff but it had been turned down.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them but two out of nine did not always feel involved in decision making about the care and treatment they received. They also told us they did not always feel listened to and supported by staff and did not always have sufficient time during consultations to make an informed decision about the choice of treatment available to them. Feedback on one comment card was positive regarding feeling listened to during consultations.

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

- 66% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%).

Staff told us that translation services were available for patients who did not speak English as a first language but they were rarely used to avoid the cost implications and patients were encouraged to bring family members or friends along to translate for them during consultations.

Inadequate

Are services caring?

There was no evidence that the risks relating to this had been considered and we did not see notices in the reception or waiting areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

Staff told us the practice's computer system alerted GPs if a patient was a carer. The practice had identified 0.1% of its list as carers. There was no written information available for carers to ensure they understood the various avenues of support available to them. The practice manager told us they were creating a carer's handbook and there were plans to start carer's meetings at the practice.

Staff told us there was no system in place to offer support to patients who had suffered bereavement. On one occasion, a patient who had suffered a recent bereavement and called the practice seeking support was referred by the GP to a local practice even though that practice did not offer bereavement services. A partner told us the practice did not offer bereavement support and was unable to tell us what signposting was available for various internal and external support services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was open between 8.00am and 6.30pm Monday to Friday and was closed on weekends and bank holidays. Appointments were available from 9.00am to 11.30am and from 4.00pm to 6.30pm Monday to Friday with the exception of extended hours when the practice was open from 6.30pm to 8.00pm Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, four daily urgent appointments were available for people that needed them.

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve access to appointments for patients in the area, by signing up to the Extended Primary Care Service scheme in November 2014. Patients who were unable to get an appointment at the practice could be referred to two other GP practices in the local area, known as access points, to receive care. These access points were open from 8.00 am to 8.00pm Monday to Sunday. The scheme also allowed shared access to patient records with the access points.

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

- There were no arrangements for patients to see a female GP.
- The practice offered daily telephone consultations and extended hours two evenings a week for working patients who could not attend during normal opening hours.
- There were longer appointments available for any patient who wanted one.
- Staff told us homeless patients were able to register as patients at the practice.
- We were told that home visits were available for housebound patients; however GPs told us they carried out an average of one home visit per week and staff told us GPs encouraged patients requesting a home visit to have a telephone consultation instead.
- There were disabled facilities and a hearing loop. Translation services were available but staff told us they were rarely used and patients who did not speak English were encouraged to bring a family member or friend to translate for them.
- There were baby changing facilities, facilities for wheelchair users, a hearing loop for patients with hearing problems and a lift to improve access for people with mobility problems.

Access to the service

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below average and people told us on the day that they were not able to get appointments when they needed them.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 44% patients described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 52% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).

Feedback from three comment cards and five patients we spoke with mentioned persistent difficulties accessing bookable and urgent appointments and difficulty accessing the practice by telephone, especially in the morning. Two patients cited three hour wait times when they had attended for urgent appointments. One patient mentioned having to wait three weeks to get an appointment, another had to wait a week to get an urgent appointment and a third had to call the practice 30 times to before they were able to get through to book an appointment. Several patients including one who had a serious long-term condition told us they were not able to see a named GP.

Listening and learning from concerns and complaints

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 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; however the complaints policy had not been updated with this information.
- We saw that a leaflet was available in the waiting area to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient who complained about the care and treatment they received from a GP received an apology and the GP was reminded of the importance of communicating with patients to the highest professional standards. Two patients told us their complaints had been poorly handled by the practice.

Are services well-led?

Inadequate

(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 mission statement and a strategy, but staff were not aware of them and did not know or understand the underlying values.

Governance arrangements

The practice did not have an effective governance framework to support the delivery of the strategy and good quality care.

- The staffing structure was not clear and that staff were not always aware of their own roles and responsibilities.
- Some practice specific policies were in place but they required updating and not all staff knew how to access them. The health and safety policy did not include the names of the health and safety lead, infection control lead, practice manager's name, employee representatives or requirements for training newly recruited staff on health and safety issues. The complaints policy did not contain the name of the complaints lead.
- Staff did not have a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audits was used to monitor quality and make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions needed to be more robust.

The practice manager had been at the practice since September 2014. They told us they had made efforts to improve governance systems at the practice. They had identified several areas for improvement but told us they were limited to the number of changes they had been able to make due to a lack of support from practice leaders, and also not being allocated sufficient time to complete duties within their role.

Leadership, openness and transparency

The partners in the practice have the experience and capacity to run the practice but they did not always prioritise safe, high quality and compassionate care. The partners were visible in the practice but staff told us they were not always approachable, did not always take the time to listen to their views, concerns regarding patients' behaviour and suggestions.

The provider was aware of the requirements of the Duty of Candour but we did not see evidence that there was a policy or system in place. The partners told us they encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents but not all staff were aware of the process for recording these.

There was a clear leadership structure in place but staff did not feel supported by the partners.

- Staff told us that the practice held regular informal team meetings at which they had an opportunity to raise any issues; however they were hesitant to do so as they did not feel supported if they did. For example, we were told that the GPs routinely did not respond or provide support when reception staff had alerted them to abusive or aggressive patients at the reception desk.
- Staff told us that there was an open culture amongst administration and reception teams and the practice manager but they felt they could not always approach practice leaders with concerns. They felt there was a lack of cohesion between the partners and other staff members.
- None of the staff we spoke with said they felt respected, valued or supported by the partners in the practice; however they felt supported by other members of the team. Staff told us they did not feel involved or engaged in discussions about how to run and develop the practice. We were told that suggestions for improvements from staff were routinely dismissed or not acted on. For example, we were told that partner GPs had refused to allocate clinical leads and implement a register for children and adults living in vulnerable circumstances following a recommendation from a member of staff. In addition, staff members told us they were regularly asked to carry out tasks which they had not been trained for such as clinical reviews for patients with dementia and changes to medicines. They had raised concerns regarding this with the partners but told us no changes had been made.
- Staff did not feel encouraged by the partners to identify opportunities to improve the service delivered.

Are services well-led?

Inadequate

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

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

- The practice had gathered feedback from through the patient participation group (PPG) and complaints received. There was an active PPG of five members which met on a regular basis. The last practice patient survey was carried out in 2012. The PPG submitted proposals for improvements to the practice management team. For example, the practice manager allocated a separate member of staff to book appointments for patients over the phone in the mornings in response to feedback regarding difficult telephone access to appointments. The practice manager was yet to analyse the impact of these changes at the time of our inspection.
- The practice manager had gathered feedback from staff through meetings and informal discussions which were not documented. They had also gathered feedback from staff through appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the practice manager but not the partners. For example, following concerns raised by reception staff, the practice manager implemented a system for reception staff to sign out prescriptions to ensure that prescriptions were given to the correct patients.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The registered person failed to ensure patients received person centred care. • Patients were not enabled or supported to understand care and treatment available. • Patients were not always involved in decisions about their care. This was in breach of Regulation 9(3)(a)(d)(f) of the Health & Social Care Act 2008 (Regulated Activities): Person-centred care.

Regulated activity	Regulation
Diagnostic and screening procedures 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 had failed to ensure care and treatment was provided safely and that the risks to the health and safety of patients receiving care and treatment were properly assessed. • There were no effective processes in place in relation to infection control, prescription pads, emergency medicines and fire safety. • Staff had been asked to carry out duties outside of their qualifications, competence, skills and experience. This was in breach of Regulation 12(1)(2)(b)(c)(g)(h) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures 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 had failed to ensure systems and processes were established and operated effectively to prevent abuse of service users. • A safeguarding concern had not been responded to, not all staff had received safeguarding training and there was no effective system to identify of service users at risk of abuse. This was in breach of Regulation 13(1)(2)(3) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person had failed to ensure staff had received appropriate training to enable them to carry out their duties. • Not all staff had received annual basic life support training. Chaperones had not received training and were not clear about their roles. This was in breach of Regulation 18(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.