Rudgwick Medical Centre

Quality Report

Station Road
Rudgwick
West Sussex
RH12 3HB
Tel: 01403822103
Website: rudgwickmedicalcentre.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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection at Rudgwick Medical Centre on 5 January 2017. Overall the practice is rated as inadequate overall as they are rated as inadequate in providing safe and well-led services. They are rated as requires improvement in effective and responsive services and good in caring.

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

- The practice had a process in place for reporting incidents and near misses. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Records relating to significant events were not comprehensively maintained and discussions, learning and action to ensure improvements was not always clear. There was no evidence of learning and communication with staff.
- Risks to patients were not assessed or well managed. There was no risk assessment process within the practice and management of risks was not a priority. Risk had not been assessed relating to areas such as legionella and control of substances hazardous to health.
- A fire safety incident had shown that not all staff were clear about their responsibilities in the event of a fire. Minimal staff had attended fire safety training and the practice did not undertake fire drills. Action relating to these areas had not been taken following a fire incident in November 2016.
- The practice had policies in place relating to safeguarding children and vulnerable adults, however not all staff had received training at an appropriate level and staff were not always aware of who the safeguarding lead was.
- The practice infection control policy was ten years out of date for review, there were no cleaning schedules in place, there was no identified infection control lead and infection control audits had not been carried out.
- There was a system in place for responding to and managing complaints, however records relating to complaints did not always demonstrate a thorough

Summary of findings

investigation or action to mitigate any associated risks. There was no evidence of a review of complaints to identify themes or trends and no record of communication with relevant staff to ensure improvements.

- Recruitment checks were in place; however some staff files did not include satisfactory information about conduct in previous work for staff prior to commencing in place.
- All clinical staff, including those undertaking chaperone duties had a Disclosure and Barring Service check in place; however the practice had not assessed the risks of not having checks in place for all non-clinical posts.
- Data showed patient outcomes were comparable to the national average. Some clinical audits had been carried out although these were not always full cycle.
- The practice had a number of policies and procedures to govern activity, but many were overdue a review.
- Controlled medicines in the dispensary were stored securely, however there was no system in place to ensure regular disposal of controlled medicines returned by patients. Monthly audits of controlled medicines stored in the dispensary were not consistently undertaken in accordance with their own policy.
- The practice did not have a cold chain policy in place for the safe storage and management of medicines requiring refrigeration.
- The practice had not identified areas of mandatory training for each role within the practice. Attendance at training such as safeguarding, fire, health and safety, infection control and information governance was not consistent and there were significant gaps in training records.
- The practice did not have a clear leadership structure in all areas and there was insufficient leadership capacity and limited formal governance arrangements.
- Nursing staff had not received an appraisal in the last 12 months.
- Patients said they were treated with compassion, dignity and respect.

The areas where the provider must make improvements are:

- Investigate safety incidents and complaints thoroughly and ensure that comprehensive records are maintained. Ensure that safety incidents and complaints are discussed with the wider practice team and that learning from these discussions is cascaded, leading to improved practice.
- Ensure that there is an accessible health and safety policy and that risk assessments are carried out and acted upon. Including for fire safety, chemicals hazardous to health and management of legionella.
- Ensure that all staff attend fire safety training, that regular fire drills are carried out and where necessary, improvements in practice are demonstrated as a result.
- Review and update all practice policies, ensuring that policies are accessible to all staff.
- Ensure that audits of controlled medicines are carried out regularly in accordance with the practice policy and that records in the controlled drug register are maintained in line with controlled drug regulations.
- Develop a cold chain policy and ensure that all staff monitoring the temperature of the vaccination fridge are appropriately trained and understand acceptable temperature ranges and the action to be taken if these are outside of range.
- Ensure that infection control protocols are up to date, that there is an identified and trained infection control lead within the practice, that annual infection control audits are undertaken and that all staff attend infection control training.
- Ensure that all nursing staff have annual appraisals and regular clinical supervision.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Identify training requirements for each staff role and ensure this is carried out. Ensure that locum GP records include evidence of up to date appropriate training such as for basic life support.

In addition the provider should:

- Review patient outcomes for long term conditions such as those with high exception reporting within the practice in relation to asthma, chronic obstructive pulmonary disease and cancer indicators.

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- Ensure that all clinical audits are full cycle, demonstrating improvements and that there is evidence of shared learning as a result.
- Ensure a risk assessment is carried out for all roles within the practice to identify which roles should be subject to a DBS (Disclosure and Barring Service) check.
- Review childhood immunisation rates where these are below average.
- Improve processes for the identification of carers in view of current rate being less than 1%.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as 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 varying the terms of their registration within six months if they do not improve.

The service 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.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 and improvements must be made.

- Staff were aware of how to report incidents, near misses and concerns although were not always aware of incidents that had occurred within the practice. Although the practice took action to address unintended or unexpected safety incidents, investigations were not always thorough or recorded and lessons learned were not communicated and safety was not improved.
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, risk assessments were not in place or were not used and action had not been taken to mitigate the risks.
- Staff were not aware of who the safeguarding lead was within the practice and safeguarding training was not always at an appropriate level.
- There was no infection control lead, the policy was more than 10 years out of date for review and an infection control audit had not been undertaken. There was no cleaning schedules and not all staff had received infection control training.
- The practice did not have a cold chain procedure in place and staff monitoring the vaccination fridge were uncertain of the required temperatures or what action to take should the temperature be out of range.
- Medicines within the dispensary were generally well managed, however there were a number of patient returned controlled medicines that had not been disposed of and there was no evidence of regular monitoring of these. There was some crossings out within the controlled drug register.
- Recruitment processes were in place, however two staff recruited in the six months prior to the inspection did not have satisfactory information about conduct in previous work prior to commencing in post held on file.

Are services effective?

Requires improvement

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

- Nurses had not received an appraisal since 2015 and there was no evidence of clinical supervision.

Summary of findings

- The practice had not identified what constituted mandatory training for each role within the practice. There were gaps in staff training.
- There was no record of training for a locum GP who had recently worked within the practice.
- Multidisciplinary working was taking place.
- There was evidence of some audit within the practice.
- Patient outcomes were comparable to local and national averages.
- Not all patient outcomes for long term conditions were reviewed such as those with high exception reporting within the practice in relation to asthma, chronic obstructive pulmonary disease and cancer indicators.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Survey results showed that patients were satisfied with how they could access appointments although two of the four patients we spoke with on the day told us they sometimes experienced difficulties. There were no extended hour's appointments available for working patients.
- Patients could get information about how to complain in a format they could understand. However, there was limited 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.

Summary of findings

- The practice had identified a number of challenges facing them although did not have a clear strategy and business plans in place to address these.
- The leadership structure was unclear in some areas such as infection control and safeguarding.
- The practice had a number of policies and procedures to govern activity, but some of these were had not been reviewed .
- Risk management processes were insufficient and the lack of action to address health and safety concerns placed patients at risk.
- Systems for the management of significant events and complaints were not effective with poor recording and limited learning and staff discussion.
- There was a lack of learning and planning within the practice.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided additional dedicated appointments during the winter months for people over the age of 75 at the beginning and end of usual surgery times.
- The practice provided medical support to care and nursing homes in the area.

People with long term conditions

Inadequate

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar when compared to the national average, for example 94% of patients on the register had a record of a foot examination in the preceding 12 months compared to 90.5% (CCG) and 89% (national).
- Not all patient outcomes for long term conditions were reviewed such as those with high exception reporting within the practice in relation to asthma, chronic obstructive pulmonary disease and cancer indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met and new patients with a long term condition were offered a review with a GP.

Summary of findings

- Multi-disciplinary discussions were held for those patients with the most complex needs.

Families, children and young people

Inadequate

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 79% and the national average of 76%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Not all staff had attended the appropriate level of safeguarding training and were not all aware of who the safeguarding lead was within the practice.

Working age people (including those recently retired and students)

Inadequate

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

- There were no early or extended opening hours for patients who worked or students.
- The practice offered online services as well as health promotion and screening that reflects the needs for this age group, including an in-house smoking cessation service.

People whose circumstances may make them vulnerable

Inadequate

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

Summary of findings

- The practice offered longer appointments for patients with a learning disability and others where a need had been identified.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients although minutes of these meetings were not available.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. They had recently appointed a staff member to a care coordinator role due to commence in the weeks following our inspection.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Not all staff had attended the appropriate level of safeguarding training and were not all aware of who the safeguarding lead was within the practice.

People experiencing poor mental health (including people with dementia)

Inadequate

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

- 96.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG (76.1%) and national (78.1%) average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented (78.6%) was similar to the CCG (74.6%) and national (77%) averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Longer appointments were available for patients with 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 the local and national averages. Two hundred and fourteen survey forms were distributed and 119 were returned. This represented 3% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Comments included that patients were satisfied with the service they received and that staff were efficient, caring and professional.

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 although two commented that consultations could sometimes feel rushed and two commented they couldn't always get appointments.

Areas for improvement

Action the service MUST take to improve

- Investigate safety incidents and complaints thoroughly and ensure that comprehensive records are maintained. Ensure that safety incidents and complaints are discussed with the wider practice team and that learning from these discussions is cascaded, leading to improved practice.
- Ensure that there is an accessible health and safety policy and that risk assessments are carried out and acted upon. Including for fire safety, chemicals hazardous to health and management of legionella.
- Ensure that all staff attend fire safety training, that regular fire drills are carried out and where necessary, improvements in practice are demonstrated as a result.
- Review and update all practice policies, ensuring that policies are accessible to all staff.
- Ensure that audits of controlled medicines are carried out regularly in accordance with the practice policy and that records in the controlled drug register are maintained in line with controlled drug regulations.
- Develop a cold chain policy and ensure that all staff monitoring the temperature of the vaccination fridge are appropriately trained and understand acceptable temperature ranges and the action to be taken if these are outside of range.
- Ensure that infection control protocols are up to date, that there is an identified and trained infection control lead within the practice, that annual infection control audits are undertaken and that all staff attend infection control training.
- Ensure that all nursing staff have annual appraisals and regular clinical supervision.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Identify training requirements for each staff role and ensure this is carried out. Ensure that locum GP records include evidence of up to date appropriate training such as for basic life support.
- Ensure that effective records of multi-disciplinary meetings are maintained.

Summary of findings

Action the service SHOULD take to improve

- Review patient outcomes for long term conditions such as those with high exception reporting within the practice in relation to asthma, chronic obstructive pulmonary disease and cancer indicators.
- Ensure that all clinical audits are full cycle, demonstrating improvements and that there is evidence of shared learning as a result.
- Ensure a risk assessment is carried out for all roles within the practice to identify which roles should be subject to a DBS (Disclosure and Barring Service) check.
- Review childhood immunisation rates where these are below average.
- Improve processes for the identification of carers in view of current rate being less than 1%.

Rudgwick Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Rudgwick Medical Centre

Rudgwick Medical Centre offers general medical services to people living in Rudgwick, Horsham with a patient list size of 3500. The practice population has a slightly higher than average proportion of elderly patients and those with a long standing health condition. They had a lower proportion of children under 18 and a lower than average number of working patients and also patients that are unemployed. The practice is place in one of the least areas of deprivation.

The practice holds a General Medical Service contract and is led by two GP partners (male). The GPs are supported by a part time salaried GP (female), two practice nurses, a healthcare assistant a practice manager, and a team of dispensary, reception and administrative staff. This comprises of roles that include a combination of reception and dispensing duties. A range of services are offered by the practice including asthma reviews, child immunisations, diabetes reviews, new patient checks, and smoking cessation.

The practice has a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises.

The practice is open between 8.30am and 6.30pm on a Monday to Friday. Telephone lines are open from 8.00am. Appointments are available between 8.30am and 12.00pm and between 2.00pm and 6.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

Services are provided from:

Rudgwick Medical Centre, Station Road, Horsham, West Sussex, RH12 3HB.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2017.

During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, a practice nurse, a healthcare assistant, the practice manager, dispensary and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for when accessing the practice and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, however this was not used consistently.

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system; however this was not always used. For example, a fire incident that had occurred in November 2016 had not yet been recorded. The incident recording form did not highlight the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw some evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were given a verbal apology.
- It was not evident from the records kept that the practice had always carried out a thorough analysis of each significant event. Records were limited and a significant event log did not include details of investigations. Not all significant events were recorded as such. We saw records relating to a complaint from a patient who had experienced bleeding following a minor surgical procedure. Their complaint included that they did not believe staff had responded quickly enough to their concerns. While we saw that the practice had responded to the patient and the complaint log indicated that staff had been advised to be more responsive to patient concerns, the incident was not considered within the context of a significant event and there was insufficient evidence of investigation relating to this. We were verbally informed of two further incidents during the inspection. These had not been recorded as significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that discussions were held at partner meetings about significant events, however it was unclear how these discussions were cascaded within the practice or how communication around incidents was ensured. Staff we spoke with on the day of inspection were not always aware of significant events that had occurred within the practice. It was therefore unclear how lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- There were some arrangements in place to safeguard children and vulnerable adults from abuse which 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. The senior GP partner was the lead member of staff for safeguarding, however not all staff were aware of this. The GPs always provided reports where necessary for other agencies and attended meetings where needed. Staff demonstrated they understood their responsibilities although not all had received training on safeguarding children and vulnerable adults relevant to their role. One of three GPs did not have evidence of being trained to child protection or child safeguarding level 3. Nurses were only trained to child protection or child safeguarding level 1 and some other staff had attended either child safeguarding or vulnerable adult safeguarding training but not both.
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff acted as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy although there were no cleaning schedules in place within the practice. The practice had not identified an infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was no current infection control protocol in place and the infection control policy had been due for review in 2007. While the nursing staff and practice manager had received infection control training there was no record of other staff including GPs, dispensary and administrative staff having received up to date training.

Annual infection control audits had not been undertaken. Privacy curtains in clinical areas were linen and there was no evidence of a programme or policy for laundering to include that they should be taken down and cleaned at 60 degrees at least six monthly and immediately when soiled.

- There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions 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 against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However these standard procedures did not cover all aspects of medicines management such as medicines errors or 'near misses' and the practice cold chain protocol. Staff we spoke with who were responsible for monitoring the temperatures of the vaccination fridge were not aware of the required temperature range although we saw that records demonstrated that temperatures were within range. Other procedures such as the destruction of controlled medicines and assembling and labelling of dispensed medicines had been due for review in December 2016 and November 2016 respectively.
- The practice held stocks of controlled medicines (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. While we were told there were also arrangements in place for the disposal of controlled medicines there were a significant number of patient returned controlled medicines stored in the practice. We saw that a monthly schedule of checks included an audit of controlled medicines stored within the practice; however there was no evidence of this having been carried out in the 12 months' worth of records we reviewed. This meant that the practice had no way of monitoring these medicines and discrepancies may only be identified at the point of destruction which may not be for several months. We reviewed controlled drug registers and saw some evidence of crossing out where corrections were not signed and dated.
- We reviewed three personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, while we saw evidence of proof of identification, qualifications and full employment history two of the three files we viewed for staff recruited in the preceding six months did not include satisfactory information about conduct in previous work prior to commencing in post. There was evidence of clinical staff registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, non-clinical staff did not receive DBS checks and the practice had not undertaken a relevant risk assessment of this.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were limited procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was unable to be located. The practice did not have up to date fire risk assessments and had not carried out regular fire drills. A fire related incident in November 2015 had been identified as a significant event and we were told that there had been a degree of confusion from staff about what to do. However, while we saw there was a plan in place to discuss the incident with staff at their next staff meeting this had not yet happened. There was no action plan in place and only two members of staff had a record of having attended fire training. The incident had not been written up on a significant event form.

Inadequate

Are services safe?

- 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 did not have other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. A number of staff covered both reception and the dispensary and we were told that they would cover each other for leave to ensure the service continued to meet patient needs.

Arrangements to deal with emergencies and major incidents

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

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

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 patients' needs.
- The practice monitored that these guidelines were followed through 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 96.9% of the total number of points available. The overall clinical exception rate was 7.8% compared with the CCG average of 10.1% and the national of 9.8%. (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, there were some areas where exception reporting was higher than average, for example in relation to asthma performance where exception reporting at 16% was 5% higher than the CCG average of 11% and 9% higher than national average of 7%. This was specifically in relation to patients having received an asthma review in the preceding 12 months. Exception reporting at 21% for chronic obstructive pulmonary disease (COPD) was 7% higher than the CCG average and 10% higher than the national average in relation to patients who had received a review in the preceding 12 months. Exception reporting for cancer was also higher than average with 44% of patients being exempted from having a record of a review six months following diagnosis compared with the local average and national average of 25%.

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 similar when compared to the national average, for example 94% of patients on the register had a record of a foot examination in the preceding 12 months compared to 90.5% (CCG) and 89% (national).
- Performance for mental health related indicators was similar to the national average, for example 79% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented. This was comparable to the national average of 78% and better than the local average of 74%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. Additional partial audits had been undertaken where follow up cycles had not been undertaken as the practice believed that the learning had been embedded.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying patients taking steroid medicines and assessing their risk of bone fractures. This included taking specific action to reduce the risk and closer monitoring of patients.

Information about patients' outcomes was used to make improvements such as more regular review of patients with chronic obstructive pulmonary disease using national guidance.

Effective staffing

The practice were not always assured that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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 and those working in the dispensary.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We saw that administrative and dispensing staff had generally received an appraisal in the preceding 12 months. However, nursing staff had not received an appraisal since 2015 and appraisals they had received were carried out by the practice manager did not include clinical input from the GPs. The nurses did not have formal clinical supervision with input from GPs in relation to the appraisal process or regular GP input at nursing meetings. However, we were told that one of the nurses and one of the GPs were specifically assigned to supervise the healthcare assistant who was new in post. We were also told of examples of informal supervisory interactions between nurses and GPs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, and support for revalidating GPs.
- Staff had access to an electronic learning system where they could access training that included: safeguarding, fire safety awareness, and basic life support and information governance. However, the practice had not identified what constituted required training for each staff role and therefore there were inconsistencies in the training completed. For example; only two members of staff had undertaken up to date fire safety training; only one GP and the practice manager had undertaken information governance training, only the practice manager and nursing staff had undertaken infection control training and safeguarding training did not always include both adult and child safeguarding and was not always at an appropriate level. All except one member of staff had attended an in-house basic life support training session.
- There was no training record for a locum GP who had worked regularly at the practice, this meant that the practice were not aware if they had up to date training in relation to areas such as basic life support or safeguarding.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We were told that meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs; however there were no minutes of meetings to demonstrate this.

Consent to care and treatment

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

- Staff had some understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, there was no record of staff having attended training oin 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.
- The process for seeking consent was monitored through minor surgery audits. Nursing staff recorded verbal consent when carrying out immunisations but not for phlebotomy or cervical cytology.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general health and wellbeing. Patients were signposted to the relevant service.

Requires improvement

Are services effective?

(for example, treatment is effective)

- A smoking cessation advice was available from one of the practice nurses.

The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 79% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 61% of eligible patients had been screened for bowel cancer, which was similar to the CCG average of 63% and above the national average of 58%. Seventy per cent of eligible patients had been screened for breast cancer, which was in line with the CCG and national average of 72%.

Childhood immunisation rates for the vaccines given were generally comparable to CCG/national averages although slightly lower for under two's and higher for five year olds. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 54% to 100% compared to the CCG average of 72% to 96% and five year olds from 80% to 93% compared to the CCG average of 70% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks carried out by the healthcare assistant 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the six 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 one members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they generally felt involved in decision making about the care and treatment they received, although two of the four we spoke with told us they felt their appointments could be rushed. Patient feedback from the comment cards we received was positive and stated that staff were caring and professional. 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 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 to the CCG average of 88% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were not routines available in easy read format although staff told us they would access these if needed.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had appointed a care co-ordinator who was due to commence in post in the weeks following our visit.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice did not offer extended hours appointments for working patients who could not attend during normal opening hours although we were told that telephone appointments were available where appropriate.
- The practice provided a 'winter pressures' service between 1 December and 31 March for patients under the age of 16 and those over the age of 75 where additional appointments were added to the beginning and end of surgeries to meet additional seasonal needs and reduce the risk of unplanned admissions to hospital.
- There were longer appointments available for patients with a learning disability and others where the need was identified.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with appointments also available during this time. Telephone access was from 8.00am and included access to a GP in an emergency. The practice did not provide extended hours appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a complaints leaflet that explained the process of acknowledgement and investigation of the complaint.

We looked at two complaints received in the last 12 months and found that these were not satisfactorily handled. For example, we viewed one complaint from a relative who complained on behalf of a patient who was unhappy with a consultation they had received. The focus on the complaint from the practice was on the correct procedure around confidentiality and consent for relatives to act on a patient's behalf. There was no record of investigation or

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

review of the content of the complaint. The second complaint related to a lack of dignity during a clinical procedure and a delayed response to a patient experiencing complications following the procedure. While we saw that a letter of apology had been sent to the patient it was unclear what action had been taken to ensure learning as a result. There was no record of complaints being discussed with staff at meetings in order to ensure that lessons were learnt from individual complaints and no evidence of analysis of complaints to identify trends or ensure that action was taken as a result to improve the quality of care.

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 clear vision to deliver high quality care.

- The practice had a mission statement and a practice statement of core values.
- The practice did not have a strategy and supporting business plans although they had identified a number of challenges facing the service including financial pressures, recruiting and retaining staff and insufficient space within the practice. However, the action to address these challenges had not been set out in a formal response or any form of action plan.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place, however there was no system for regular review of these and they were difficult to locate at the time of the inspection. For example a health and safety policy was unable to be located, an infection control policy had not been reviewed for more than 10 years and there were gaps in the review and availability of some aspects of medicines management policies. Staff were aware that policies were stored on the electronic system and some policies were also available in paper format, such as those relating to the dispensary.
- The practice had undertaken two clinical audits although these were not all full cycle and they did not have a programme of continuous clinical and internal audit in use to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks were insufficient. A fire risk assessment had not been repeated or reviewed since 2013 and had not been used by the practice. Mitigating action to manage risks associated with fire such as training and regular fire drills were not in place and the practice had not taken appropriate action following a fire incident within the practice. There was no environmental risk assessment within the practice and risks associated with control of substances hazardous to health (COSHH) and legionella had not been identified through a risk assessment process.
- The practice did not have an effective system in place for the management of significant events and complaints. There was little evidence of incidents or complaints being discussed or reviewed. We were informed of significant events that had not been recorded on the significant event log and reporting forms were not always completed. While incidents were discussed at partner meetings and some evidence of learning identified through this process, there was no evidence of this being cascaded to the wider staff team and some staff we spoke with including clinical staff could not recall being involved in discussions about incidents.

Leadership and culture

Staff told us the partners were approachable although there was limited evidence of formal discussions between partners and the wider staff team.

The provider was aware of the need 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). The practice had systems in place to ensure that when things went wrong with care and treatment::

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

The leadership structure in place was not always clear although staff told us they felt supported by management.

- Leadership in some areas of the practice was unclear. For example, there was no identified lead for infection control and not all staff were aware of who the safeguarding lead was.
- Staff told us the practice held regular team meetings. We viewed minutes of nursing, dispensary and reception meeting. Minutes we viewed did not include standing agenda items such as significant events or

Are services well-led?

Inadequate

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

complaints. Partner meetings took place on a weekly basis and we viewed some hand written notes relating to these, however it was unclear how information from these meetings was cascaded to staff.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager and GP partners informally.
- Staff said they felt respected, valued and supported by the partners and practice manager.

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

The practice encouraged and valued feedback from patients, the public and staff. It was working to engage patients in the delivery of the service.

- The practice did not have an established patient participation group (PPG) in place although they had identified a patient who they were working with to develop a group.
- The practice used available resources to gather feedback such as the Friends and Family Test. Friends and family results showed that all respondents would recommend the practice to their friends and family. There was no practice focussed patient survey in place although the practice were aware of the national GP patient survey where they scored above average in a number of areas.
- The practice had gathered feedback from staff through staff meetings led by the practice manager and from general informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Continuous learning and improvement were areas where there was not always a focus. Clinical audits while undertaken were not always full cycle or as part of a programme for improvement. Risk management processes, significant event and complaints management were not managed in a way that demonstrated continuous learning and improvement. The nursing staff had not received annual appraisals and training needs were not always identified. The practice team engaged with other local practices through attending teaching sessions in the locality and through meetings to discuss locality issues such as increasing patient numbers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person did not ensure that staff received such appropriate support, training, professional development, supervision and appraisal. • The required training for each role had not been identified. • Not all staff received regular training relevant to the requirements of their role. • Not all staff had an annual appraisal and personal development plan. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not ensure that all medicines were safely managed and that infection prevention and control processes were in place. They had failed to take appropriate action to ensure that; • There is an up to date infection control policy and protocols in place. • A trained infection control lead is identified. • Annual infection control audits are undertaken. • An appropriate cold chain policy is in place and that staff monitoring the cold chain have been trained. • Controlled medicines are monitored and disposed of regularly and records are appropriately maintained. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not do all that was reasonably practicable to ensure that systems and processes to assess and monitor the service were effective. They had failed to ensure that; • Health and safety processes are sufficient, risks are adequately mitigated and records maintained.

This section is primarily information for the provider

Enforcement actions

- Policies and procedures are current, accessible and in use.
- Risk assessments are carried out and actively used to mitigate risks.
- Significant event and complaint processes included adequate evidence of learning and improvements.
- Satisfactory information about conduct in previous work for staff prior to commencing in post is obtained.
- All clinical audits are full cycle.
- There is clear leadership structure and capacity in place.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.