Seymour Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Following a comprehensive inspection of Seymour Medical Centre (previously known as Dr S Phillips, Dr M Patel and Dr A Patel) in October 2014, the practice was given an overall inadequate rating and a decision was made to place the practice in special measures. The practice was rated inadequate in the safe, effective, responsive and well led domains and requires improvement in the caring domain. In addition, all six population groups were rated as inadequate.

We carried out an announced comprehensive inspection at the Seymour Medical Centre on 21 October 2015, to consider whether sufficient improvements had been made. The provider had addressed the concerns we had at the inspection on the 20 October 2014 inspection. Overall the practice is rated as good at this inspection.

Specifically, we found the practice to be providing a good service for providing effective, caring, responsive and well led services. However, it required improvement for providing a safe service. It was rated as good for all the population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to the fire smoke detection alarm system.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Data showed patient outcomes were comparable to others in the locality. Clinical audits had been carried out, and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice had a number of policies and procedures to govern activity and these had been reviewed annually.

The areas where the provider must make improvements are:

- Ensure more effective arrangements are in place for monitoring risks associated with fire detection.

The areas where the provider should make improvements are:

- Improve patient outcomes through the measures of the Quality and Outcomes Framework (QOF, is a system intended to improve the quality of general practice and reward good practice).
- Maintain a register of all patients identified as carers.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed with the exception of those relating to fire detection.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that 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 was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good

People with long term conditions

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good

Families, children and young people

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good

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 accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

People experiencing poor mental health (including people with dementia)

Good

Eighty three per cent of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Clinical staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was generally performing above or comparable to local and national averages. There were 88 responses and a response rate of 19%.

Results showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice scored broadly in line with local and national averages for its satisfaction scores on the levels of confidence and trust patients had in their doctors and nurses at the practice. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 82.8% and national average of 88.6%.
- 82.8% said the GP gave them enough time compared to the CCG average of 80.2% and national average of 86.6%.
- 89.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.1% and national average of 95.2%
- 69.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85.1%.
- 89.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82.8% and national average of 90.4%.
- 77.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 83.8% and national average of 86.8%.

All of the 30 patient CQC comment cards we received were all 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 also spoke with one member of the patient participation group (PPG) on the day of our inspection. 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.

Areas for improvement

Action the service MUST take to improve

- Ensure more effective arrangements are in place for monitoring risks associated with fire detection.

Action the service SHOULD take to improve

- Improve patient outcomes through the measures of the Quality and Outcomes Framework (QOF, is a system intended to improve the quality of general practice and reward good practice).
- Maintain a register of all patients identified as carers.

Seymour 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 advisor, practice manager specialist advisor and an expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Seymour Medical Centre

The Seymour Medical Centre is situated at 266 Lea Bridge Road, London, E10 7LD. The practice provides NHS primary medical services through a Personal Medical Services contract to just fewer than 6000 patients in the Waltham Forest Area. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).The practice is part of the Waltham Forest Clinical Commissioning Group (CCG). The practice staff comprises of three full time male GPs and a full time female practice nurse, a practice manager and a small team of non-clinical staff.

The practice opening hours were from 8.30am to 18.00pm on Mondays, Tuesdays and Fridays. The practice including reception closed during the day between 12.30pm and 2.00pm, which restricted patient access and reduced appointment booking for patients. On a Thursday morning, the practice was open from 8.30am until 12.30pm and was closed for the rest of the day. Extended opening hours operated on Wednesdays from 7.00am until 20.30pm, closing from 12.30pm to 2.00pm. The out of hours services were provided by a local deputising service to cover the practice when it was closed.

We undertook a comprehensive inspection of Seymour Medical Centre on 20October 2015. The practice was rated as inadequate overall. The practice was rated inadequate in the safe, effective, responsive and well led domains and requires improvement in the caring domain. In addition, all six population groups were rated as inadequate. Due to the inadequate rating the practice was placed in special measures.

The practice was found to be in breach of three regulations. Requirement notices were set for regulations 12, 16, 17, 18, and 19 of the Health and Care Social Act 2008.

When we inspected the practice in October 2014, the practice was required to take the following action:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks for monitoring and checking of medications to ensure they are safe to use, fire safety checks, business continuity and to ensure that patient group directions are followed.
- Ensure significant events are recorded appropriately and ensure systems are in place to disseminate learning from the discussion and analysis of significant events, with a clear audit trail of these actions.
- Ensure the lead for infection control undertakes training and is able provide advice on the practice infection control policy and carry out staff training.
- Ensure safe systems are in place for the management of medicines. The appropriate action must be taken if fridge temperatures are recorded out of range and staff

must be aware of how to take and record temperatures correctly. Monitoring systems must be in place for staff to ensure that the cold chain has not been broken by patients when storing their vaccines at home .

- Review the complaints procedure to highlight patients' rights in the NHS Constitution and the stages of the NHS complaints process including referral to the Parliamentary and Health Service Ombudsman. Ensure a regular review of complaints takes place and that learning is identified and issues addressed.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including staff who acted as chaperones.
- Provide training for staff to ensure they are equipped with the knowledge and skills to effectively perform their job role.

This inspection was carried to consider if all regulatory breaches identified in the October 2014 inspection had been addressed and to consider whether sufficient improvements had been made.

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. This 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.

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.

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 21 October 2015. During our visit we spoke with a range of staff including three GPs, the practice nurse, reception and administration staff, practice manager and spoke with ten patients who used the service including one member of the Patient Participation Group (PPG). We observed how people were being cared for and talked with carers and family members and reviewed the personal care or treatment records of patients. We reviewed 30 comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

When we inspected the practice in October 2014 we had found staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff. During this inspection we found the practice had used a range of information to identify risks and improve quality in relation to patient safety. Incidents were appropriately identified, recorded, and shared. Comments and complaints from patients were also recorded. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed over the last six months. This showed the practice had managed these consistently and so could show evidence of a safe track record over this period.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last six months and saw this system was followed appropriately.

There was evidence of a clear framework for dealing with safety issues which the practice was confident of maintaining in the longer term. There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for completion via the practice system. We saw a list of 17 significant events recorded between November 2014 and September 2015. We reviewed safety records, incident reports and minutes of meetings where these were discussed and saw that lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw a significant event where there was a delay in the diagnosis of cancer caused by the hospital as they had not completed an MRI scan promptly. The concerning GP liaised with the hospital to ensure they could put in protocols to prevent reoccurrence. The second event was a two week referral of cancer which had not been received by the hospital in time as it was faxed after 5.00pm by the practice when the hospital office was closed. The practice had put additional checks onto its fast track referrals process so that clinical letters or referrals would be monitored for potential delays to ensure patients received timely care and treatment and now sent faxes during office hours.

We found details of each event, steps taken, specific action required and learning outcomes and action taken to prevent reoccurrence. The practice carried out an analysis of the significant events and held monthly practice meetings to discuss the learning points and GPs discussed them at weekly clinical meetings. Significant events were now a standing agenda item at these meetings to ensure all staff including the practice nurse learnt from serious significant events.

When we inspected the practice in October 2014 we found no clear process in place for disseminating national patient safety alerts to the practice nurse. During this inspection we found improvements had been made. Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. We saw an audit trail of all safety alerts received by clinical staff including the practice nurse. They were printed and signed by all clinical staff to evidence they had read and understood them. Staff were able to share a recent example from NICE in regards to patient safety advice relating to MERS / Avian influenza.

Reliable safety systems and processes including safeguarding

The practice had clearly defined and embedded systems, processes and practices in place 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, which was one of the GPs. We saw records which confirmed all relevant staff had attended training on safeguarding children. All three GPs and the practice nurse had

completed child protection training to level three. All other staff had attended level one training sessions. This was confirmed by the staff we spoke with and staff training records.

The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a system on the practice's electronic records to highlight vulnerable patients. Children and vulnerable adults who were assessed as being at risk were identified using READ codes. These codes alerted clinicians to their potential vulnerability (clinicians use READ codes to record patient findings and any procedures carried out). The clinicians discussed ongoing and new safeguarding issues at their weekly clinical meetings. Information was shared with the local district nurses and midwives at monthly multidisciplinary team meetings. The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected.

When we inspected the practice in October 2014 we found the chaperone policy (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure) was not visible on the waiting room noticeboard and in consulting rooms. We did not see evidence of chaperone training or Disclosure and Barring Service (DBS) checks, which enables employers to check the criminal records of employees, for the practice nurse and reception staff members who acted as chaperones, which put patients at risk. There was no evidence to suggest that staff understood their responsibilities when acting as chaperones. During this inspection we found there was a chaperone policy, which was visible in the waiting room and in all consulting rooms. All reception staff and the practice nurse who acted as chaperones had been trained for the role and had received a disclosure and barring service check (DBS). They understood their roles and responsibilities and were able to tell us the correct process for acting as a chaperone.

Medicines management

When we inspected the practice in October 2014 we found that safe systems were not in place for the management of medicines. The appropriate action was not taken if fridge temperatures were recorded out of range and staff were not aware of how to take and record temperatures correctly. Monitoring systems were not in place for staff to ensure that the cold chain had not been broken by patients when storing their vaccines at home. At this inspection we found records which showed that since the last inspection appropriate action had been taken to ensure there were clear systems in place to manage medicines. For example, we checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. We saw medicines were in date and systems to check expiry dates were implemented. Staff had been trained in how to take and record temperatures correctly. Patients were no longer permitted to store medications at home, as it increased the risk of the cold chain being broken and all vaccines were now stored at the practice.

There was a clear policy for ensuring medicines were kept at the required temperatures (for example, some vaccines needed to be stored in a refrigerator). The policy described the action to take in the event of a potential failure of the refrigerator. Staff confirmed the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. We saw records of the daily temperature recordings, which showed that the correct temperatures for storage were maintained. There were systems in place to ensure GPs regularly monitored patients' medicines and re-issuing of medicines was closely monitored, with patients invited to book a 'medication review', where required.

At the last inspection in October 2014 we found that there was a risk of patients over-ordering on repeat prescriptions with the only supervision being delegated to the pharmacist as there were no monitoring systems in place and a member of the reception staff team who completed the repeat prescription process had not received any training to confirm she was trained for repeat prescribing. During this inspection we found that a record book had been implemented, which recorded the medication prescribed, the patient details, the date it was issued, the date collected and the by whom, which the collecting pharmacy checked and signed when collecting prescriptions to ensure there was no duplication. Members of the reception staff team who completed the repeat prescription process had now received training for repeat prescribing.

Regular medication 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. Prescription pads were securely stored and there were systems in place to monitor their use. Electronic prescribing was in place. Processes were in place to check medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were kept securely at all times.

The practice nurse used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence of in date PGDs and evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

Cleanliness and infection control

When we inspected the practice in October 2014 the practice's infection control standards were inadequate. The lead for infection control had not undertaken training to enable her to provide advice on the practice infection control policy and carry out staff training. Infection control was not covered in the induction programme and annual updates were not provided to staff. The practice manager had carried out an infection control audit in 2013 and improvements identified for action were still in the process of being completed. Practice meeting minutes showed the findings of the audits were not discussed and infection control was not a standing agenda item. An infection control policy and supporting procedures were available, but we found no evidence to suggest staff had read and understood these. Cleaning schedules were not in place for the curtains used in treatment rooms.

At this inspection we found appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the appointed infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and had received infection control training. There was an infection control protocol in place and staff had received up to date training and received annual updates. Practice meeting minutes showed infection control was discussed and infection control was a standing agenda item. An infection control policy and supporting procedures were signed by staff to evidence they had read and understood these . Cleaning schedules were in place for the practice and curtains used in treatment rooms.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). A Legionella risk assessment and report had been conducted in 2014 and the recommendations had been acted on.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was within the last twelve months. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

When we inspected the practice in October 2014 we found recruitment checks had not been systematically carried out for all staff. During this inspection we found improvements had been made.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that recruitment checks had been undertaken prior to employment. The recruitment checks carried out for the three staff files we reviewed included, proof of identification, references, qualifications, registration with the appropriate professional body accreditation details and Disclosure and Barring Service (DBS) checks, (these

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).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

When we inspected the practice in October 2014 we found inadequate systems and processes to monitor and manage risks to patients, staff and visitors in relation to health and safety. We were not provided with evidence that checks of the building were taking place, the environment, medicines management and dealing with emergencies. Risk logs were not in place and risks were not assessed, rated and mitigating actions recorded to reduce and manage the risk. A business continuity plan was not in place to deal with a range of emergencies that may have impacted on the daily operation of the practice. A fire risk assessment had not been undertaken. Staff were not up to date with fire training and regular fire drills were not completed. We were not provided with written records to evidence this had taken place.

During this inspection we noted improvements had been made, however further improvements were necessary. There were procedures in place for regularly monitoring and managing risks to patient and staff safety. Checks of the building, monthly audits of medicines and emergency equipment were taking place. During our visit we saw that there was a health and safety policy available with a poster in the reception office. Staff understood their roles and responsibilities in regard to health and safety and knew what to do for example in the case of a fire. However, we noted that although there was a fire risk assessment in place; the practice did not have a process for regular review and had not addressed the areas for improvement highlighted by the risk assessment. For example, they had not provided an automatic smoke detection system for alerting patients and staff or for the means of escape which was a key finding in the assessment. The practice acknowledged our findings and informed they would address this by having a fire alarm system installed. We noted that all necessary annual fire checks had been undertaken including a recent fire drill, checks to fire extinguishers and alarm panels were also performed.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan had been updated in 2015 and was available for staff on the practice's shared drive.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in October 2014 we identified shortfalls in the practice's emergency provisions. The practice's portable oxygen cylinder had an attached open face mask and tubing which had been opened and was not in its original packaging. A pair of adult sized pads, for use with the defibrillator, had been opened and attached without an expiry date. Equipment used on home visits by the practice nurse was not appropriately maintained. A number of needles syringes and airways stored in the home visit box were out of date and an audit to check these expiry dates was not in place.

During this inspection we noted improvements had been made. Records showed that all staff had received training in basic life support in the previous twelve months. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (severe allergic reaction) and hypoglycaemia (low blood sugar). Processes were also in

Requires improvement

Are services safe?

place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use in the practice and on home visits.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At the last inspection in October 2014 we found that new guidelines and updates were not systematically shared across the clinical team and the implications for the practice and patients discussed. One of the GPs quoted NICE guidelines but did not have knowledge of local or national antibiotic guidelines. During this inspection improvements had been made and we found that the practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) and guidance from local commissioners. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and these were disseminated by the practice manager and were discussed at weekly clinical meetings attended by all three GPs and the practice nurse. We saw minutes of these meetings which confirmed they were taking place. Staff used this information to develop how care and treatment was delivered to meet patient needs and told us about NICE guidance for treatment of patients with cardiovascular disease they had implemented.

We saw the practice adhered to and used combined antibiotics prescribing guidance from the local clinical commissioning groups. The Practice antibiotic prescribing benchmark which was 1.05 compared to an England average of 1.10. The Practice prescribing of coamoxical and ciprofloxacin for example was 14.5 compared to an England average of 12.9. Staff informed that they continued to work on reducing antibiotic prescribing and all three GPs we spoke with had a good understanding of national antibiotic guidelines.

A range of meetings were minuted which included clinical, practice and integrated care meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The latest published results were 81% of the total number of points available, with 7.8% exception reporting. Examples to illustrate performance include;

- Performance for diabetes related indicators was 46% which was 37.9% below the CCG averages.
- Performance for asthma related indicators was 95% which was 3.3 % below the CCG averages.
- Performance for mental health related indicators was 76.9% which was 13.9% below the CCG.
- The dementia related indicators was 84.6% which was 7.3% below the CCG averages.

The practice acknowledged their QOF figures were exceptionally low for diabetes related indicators and told us that this was due to incorrect READ coding and that they now had a full time practice nurse to support them to address their low QOF performance in this area. They were in the process of informing staff how recording could be improved. We looked at a sample of medical records for patients with diabetes and found they were correctly reflected patient's medical information. We saw evidence of QOF discussions at practice meetings and the practice had begun to establish clinical leads to oversee regular health checks. This had improved the management of those patients with hypertension.

The practice showed us 13 audits that had been undertaken in the last five years. These included audits on; cervical cytology, A&E attendance and emergency admission audits completed in 2012 and 2013, audit of patients initiated on insulin in-house (Aug 2012), audit of referrals patterns (Oct 2012,) antipsychotic audit (2012), diabetes 3rd line therapy audit (2012), calcium & vitamin D therapy audit (Aug 2014), dabigatran audit (2014), GI tract cancer audit (2014), appointments audit (2015), fridge temperature audit (2015) and two recently completed audits on rosuvastatin usage and pioglitazone. The pioglitazone audit was completed and the rationale for conducting the audit was to ensure that no patients were being prescribed the drug when they should not have been. The audit concluded that pioglitazone had an important role in the management of type 2 diabetes for certain patients and the practice would continue to monitor such patients to ensure that the medication was being prescribed in line with NICE

Good

Are services effective?

(for example, treatment is effective)

guidance and within the licensing indications. Another GP had audited rosuvastatin usage, an oral drug for lowering blood cholesterol levels and Bisphonate medication, to treat conditions that affect the bones. Following the audit the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes and re-audited to complete the cycle.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions and the latest prescribing guidance was being used. The IT system flagged up relevant medicine alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

At the last inspection in October 2014 it was identified that three full time male GPs would not be able to meet the needs of female patients who preferred to see a female GP. During this inspection the practice informed us that they had increased the hours of their female part time practice nurse to full time and had been requesting female locum GP cover when required and it was part of their future vision to recruit a female GP as a partner in the future.

It was also identified during the inspection in October 2014 that staff had not received training in taking fridge temperatures, repeat prescribing or how to use the computer system when these tasks were part of their daily responsibilities. At this inspection we found that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had introduced a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety, infection control and confidentiality and IT.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, prescribing and medication management, fire procedures, basic life support and information governance awareness, customer care. Staff had access to and made use of e-learning training modules and in-house and external training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and its 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. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff 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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital or when at risk of hospital admission.

At the last inspection in October 2014 we found that the practice did not hold regular palliative care meetings. At this inspection we saw evidence that multi-disciplinary team and palliative care meetings to discuss end of life care meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We saw meeting minutes to confirm these were taking place. The practice was using computerised tools to identify patients who were at high risk of admission to

Good

Are services effective?

(for example, treatment is effective)

hospital. Such patients were also discussed in the regular weekly clinical meetings. Each patient had an allocated clinical lead and they were referred to the local multi-disciplinary team.

Consent to care and treatment

During the inspection in October 2014 we found that one GP and the practice nurse employed at the time could not demonstrate a clear understanding of Gillick competencies (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). Improvements had been made and we found that patients' consent to care and treatment was always sought in line with legislation and guidance. All three GPs and the newly recruited practice nurse 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.55% which was comparable to the national average of 81.88%. There was a policy to offer both written and telephone reminders to patients who did not attend for their cervical screening test. Following the audit of cervical screening, clinical capacity had been increased to give patients more access to smear appointments at different times. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer particularly where risks were identified.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds were from 91.5% to 92.7 % and five year olds from 63.9% to 85.5%. Flu vaccination rates for the over 65s were 57.79% (national average 73.24), and at risk groups 37.76% (national average 52.29). These were significantly lower than national averages. We discussed this with the practice who informed that patients were attending other local services to receive the vaccination and they were also looking at improving their systems of recording their performance for QOF as the correct codes were not always recorded.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated 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 that conversations taking place in these rooms could not be overheard.

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. At the last inspection although we observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order to keep confidential information private, the practice switchboard was not located away from the reception desk and was not shielded by glass partitions, which helped keep patient information private, and patient's conversations with reception staff could be overheard. At this inspection we noted that glass partitions had not been fitted but notices were displayed in the reception areas informing patients they could speak to staff in private. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and offered patient's a private room to discuss their needs.

All of the 30 patient CQC comment cards we received were all 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 also spoke with one member of the patient participation group (PPG) on the day of our inspection. 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 (July 2015) showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice scored broadly in line with local and national averages for its satisfaction scores on the levels of confidence and trust patients had in their doctors and practice nurse at the practice. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 82.8% and national average of 88.6%.
- 82.8% said the GP gave them enough time compared to the CCG average of 80.2% and national average of 86.6%.
- 89.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.1% and national average of 95.2%
- 69.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85.1%.
- 89.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82.8% and national average of 90.4%.
- 77.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 83.8% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. These comments were supported by the in house patient satisfaction survey.

Results from the national GP patient survey (July 2015) we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were broadly in line with local and national averages. For example:

- 73.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.

Good

Are services caring?

- 65.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73.8% and national average of 81.4%.
- 77% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 82.8% and national average of 88.6%.
- 92.8% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 83.9% and national average of 91%.
- 84.7% said the last nurse they saw or spoke to was good at involving them in decisions compared to the CCG average of 77.3% and national average of 84.8%.
- Staff told us that translation services were available for patients who did not have English as a first language.

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.

The practice's computer system alerted GPs if a patient was also a carer. However, a practice register of all people who were identified as carers was not kept. The practice supported them by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. Members of the PPG told us that they were looking to invite carers to be represented on future groups. Staff told us they were more actively seeking to identify carers supporting patients as they recognised numbers were low.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. We saw that information on bereavement services was available also in the patient waiting area and on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area and was responsive to the needs of the local population. The majority of patients we spoke with and those who filled out CQC comment cards said they felt the practice was meeting their needs. For example, patients could access appointments face-to-face in the practice, receive a telephone call back from a clinician or be visited at home.

At the last inspection, it was highlighted that the practice area had a higher female average aged between 25 and 49 years of age, than the national England average, but the practice did not have a female GP. The practice had not been successful in recruiting a female GP, although had recently recruited a full time practice nurse. They informed us that they sought female locum GPs where ever possible and that it was in the future vision for a female GP to become part of their team.

Where patients were known to have additional needs, such as being hard of hearing, were frail, or had a learning disability, this was noted on the patient's medical record. This meant the clinical staff would already be aware of this and any additional support could be provided, for example, a longer appointment time.

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. For example;

- The practice offered a 'Commuter's Clinic' on a Wednesday for working patients who could not attend during normal opening hours.
- There was a specific clinic available weekly for women and children.
- There was a specific clinic available weekly for older people.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. Staff at the practice spoke a number of community languages.
- Clinical rooms were available downstairs for patients to be seen should they be unable to climb stairs and this was flagged on the practice computer system.
- Those patients living with dementia received home visits from the practice for their regular checks
- The practice had an equal opportunities and anti-discrimination policy which was available to all staff. Staff had received training on equality and diversity.

We found that the practice worked collaboratively with other agencies, regularly updating shared information to ensure good, timely communication of changes in care and treatment. Regular internal as well as multidisciplinary meetings were held to discuss patients and their families' care and support needs.

Since the last inspection the practice had re-established a Patient Participation Group (PPG) to help them to engage with a cross section of the practice population and obtain patient views. A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice.

We spoke with a member of the PPG; they explained their role and how the group worked with the practice. The representative told us the PPG had a good working relationship with the practice, and felt that the GPs listened to them and were very receptive to their ideas. For example, the PPG and practice had recently worked together to improve telephone access and installed a second telephone line to decrease waiting times on the phone.

Access to the service

The practice opening hours were from 8.30am to 18.00pm on Mondays, Tuesdays and Fridays. They practice and reception closed the during the day between 12.30pm and 2.00pm, which restricted patient access and reduced appointment booking for patients. On a Thursday morning, the practice was open from 8.30am until 12.30pm and was closed for the rest of the day. Extended opening hours operated on Wednesdays from 7.00am until 20.30pm, closing from 12.30pm and 2.00pm. The out of hours services were provided by a local deputising service to cover the practice when it was closed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

During the last inspection in October in 2014 we found that although a practice patient survey had been completed, no action had been taken to address the concerns raised by patients or where a high percentage of patients had responded negatively to the questions asked regarding appointment availability. In response to this the practice had completed an appointment demand audit over a two month period in 2015 examining the number of appointments available, the amount of time it took to fill the appointments and the number of patients refusing a call back. Since the last inspection in October 2014 the practice had introduced for all patients to be offered a call back service on the same day once all appointments were filled. Patients were immediately put through to a GP if they refused a call back and young children were given an emergency slot on the same morning they called to see the GP. The audit found that the system for offering same day telephone consultations was reducing the demand on appointments. As result of the negative feedback from patients at the last inspection regarding appointment availability the practice had in liaison with their PPG also installed an additional telephone line to help reduce waiting times. Patients could also book appointments online.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and patients we spoke to on the day were able to get appointments when they needed them. For example:

- 70.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.8% and national average of 74.9%.
- 56.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 62.1% and national average of 73.3%.
- 72.8% patients described their experience of making an appointment as good and was above the CCG average of 64.9% and comparable to the national average of 73.3%.
- 78.6% patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 49.5% and the national average of 64.8%

Listening and learning from concerns and complaints

During the last inspection in October 2014 we were not assured that all complaints had been logged, replies to patients were not in line with recognised NHS complaints guidance, a number of complaints had been made on an online website. The practice manager and the lead GP was aware of the complaints but had not taken action to respond to them online or invite the complainants in to address their concerns and systems were not in place for analysing and learning from complaints received about the practice.

At this inspection we found significant improvements had been made. Staff had received training in handling patient complaints and the practice had introduced 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 who was the practice manager.

We saw that information was available to help patients understand the complaints system including a complaints notice at reception, website and in a leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 12 complaints received between May 2015 and August 2015 and found these were satisfactorily investigated and dealt with in a timely way. Complaints were discussed at team meetings and learning shared. An annual complaints review also took place in June 2015 to review complaints received since the last inspection in October 2014.

Are services well-led?

Good

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

Our findings

Vision and strategy

When we inspected the practice in October 2014 we found there was no clear vision for the practice or strategy to deliver it and staff were not aware of one. There was no business plan setting out the aims and objectives of the practice.

During this inspection we found that the practice had developed a vision to deliver high quality care and promote good outcomes for patients. The practice's mission statement was to provide good quality, effective patient care in a safe environment, according to the current recommended practice with a programme of continuing improvement. Staff we spoke with understood how their role contributed to achieving the vision and they were committed to delivering it and a formal business plan was in place.

Governance arrangements

When we inspected the practice in October 2014 we found inadequate governance arrangements. We found staff had not completed a cover sheets to confirm when they had read them. The policies and procedures we looked at had not been reviewed annually and were not up to date. The practice did not hold monthly governance meetings to discuss performance, quality and risks. Although some meetings took place, meeting minutes showed lack of a structured and meaningful discussion to resolve the issues in a time-bound, effective manner. A number of complaints had been made, but there was no evidence of analysing complaints and learning from them to address the issues.

During this inspection we noted improvements had been made in the governance of the practice. These included;

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and were reviewed annually, with staffing signing to confirm they had read and understood them.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements

However further improvements were needed:

- Actions from the fire risk assessments had not been completed and a fire smoke detection alarm system had not been fitted to ensure patient and staff safety.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an PPG which met on a regular basis, listened to patients and submitted proposals for improvements to the practice management team. The practice was working hard to attract more patients to join the PPG and were saw a number of posters around the practice telling patients how they could join.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered provider must ensure actions from the fire risk assessments are completed and a fire smoke detection alarm system is fitted to ensure patient and staff safety. Regulation 12