

Portland 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Portland Medical Centre on 06 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events; however discussions regarding significant events were not always documented.
- Risks to patients were not always assessed and well managed. The practice did not have a sufficiently detailed business continuity plan to manage all possible major incidents and they had not undertaken control of substances hazardous to health risk assessment and a comprehensive fire risk assessment; many clinical and non-clinical staff had not undertaken mandatory training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider must make improvements:

- Ensure that the business continuity plan is comprehensive and includes management of major incidents such as power failure or building damage.

Summary of findings

- Ensure that all staff have basic life support, child protection, infection control, information governance, fire safety and mental capacity act training relevant to their role.
- Ensure that a comprehensive fire and control of substances hazardous to health risk assessments is undertaken and that recommendations following the risk assessments are actioned and details of fire drills are recorded to ensure learning for staff.

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure all significant events are recorded to ensure lessons were shared to staff.
- Review practice procedures to ensure there is a system in place to monitor implementation of medicines and safety alerts.
- Review the quality improvement process to ensure clinical audits are regularly performed and that changes are made following the completion of audits and monitored through re-audits.
- Review practice procedures to ensure every member of staff have an annual appraisal.
- Review practice procedures to ensure all patients with learning disability receive a regular health check.
- Review practice procedures to ensure there is a clear system in place for documentation of annual reviews for patients with dementia.
- Consider documenting discussions from clinical and non-clinical meetings.
- Ensure information on how to complain is displayed in the waiting area and that response letters have the information of external organisations that patients could contact.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Risks to patients were not always assessed and well managed. The provider did not have a sufficiently detailed business continuity plan to manage all possible major incidents and they had not undertaken control of substances hazardous to health risk assessment and a comprehensive fire risk assessment. Many clinical and non-clinical staff had not undertaken essential training.
- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice; however learning outcomes from significant events were not always documented.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however we found that eight out of 21 clinical staff and six out of 18 non-clinical staff had not undertaken child protection training relevant to their role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had undertaken one clinical audit and three quality improvement projects in the last two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment; however some staff had not undertaken essential training.
- Not all clinical and non-clinical staff have had regular appraisals; however the practice had plans in place to complete appraisals for these staff in December 2016 and January 2017.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP Patient Survey showed patients rated the practice at or below average for many 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded quickly to issues raised and learning from complaints was shared with staff and other stakeholders. The practice had no complaints leaflet for patients; however the day following the inspection they provided a copy of their complaints leaflet.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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 GPs provided care for five local care, nursing and residential homes supporting the needs of 125 residents; each of these nursing homes had a named GP who provided weekly ward rounds jointly with elderly care consultants.
- The practice had a system in place where one of the GPs acted as a Floating GP who was available to deal with home visits.
- All patients on the avoiding unplanned admission register had a named GP had a practice nurse allocated who regularly monitored these patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 68% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 78%. The number of patients who had received an annual review for diabetes was 63%; the practice informed us that this was due to a coding issue.
- The national QOF data showed that 70% of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice provided minor surgical procedures, phlebotomy, spirometry and electrocardiography to improve monitoring of patients with long term conditions which reduced the need for referrals to hospital.

Families, children and young people

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

Good



- 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 urgent care and Accident and Emergency (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 77%, which was below the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%; the practice had a designated administrative staff who monitored cervical screening uptake and results.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice prioritised appointments for children under five years.
- The practice had a designated nurse and healthcare assistant who managed the child protection and vulnerable children register; they also had a designated administrative staff who monitored childhood non-attenders.
- The practice patients had access to midwife for antenatal appointments and GPs for post-natal appointments.

Working age people (including those recently retired and students)

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

Good



- 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.

Summary of findings

- The practice provided extended hours GP appointments which were suitable for working people.
- The practice had a dedicated e-mail for routine patient queries which was regularly monitored.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; Only 34% (20 patients) of 58 patients with learning disability had received a health check in the last year; the practice informed us that this was due to a practice nurse who monitored these patients was away on a three month sabbatical in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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.
- All vulnerable patients are included in the avoiding unplanned admission register and had a named GP and a clinical co-ordinator (practice nurse) allocated who regularly monitored these patients.

People experiencing poor mental health (including people with dementia)

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

Good



- The number of patients with dementia who had received annual reviews was 76% which was below the Clinical Commissioning Group (CCG) average of 83% and national average of 84%; the practice did not have a clear system for recalling these patients.
- 96% of 178 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 86% and national average of 89%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice patients had access to in-house monthly drug rehabilitation clinics.

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 that the practice was performing in line with local and national averages. Three hundred and twenty eight survey forms were distributed and 120 were returned. This represented approximately 1% of the practice's patient list.

- 52% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 65% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 16 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

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

Portland 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, a practice manager specialist advisor and an Expert by Experience.

Background to Portland Medical Centre

Portland Medical Centre provides primary medical services in South Norwood to approximately 12300 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the fourth least deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is in line with the CCG and higher than the national average and the practice population of working age people is higher than the CCG and national averages; the practice population of older people is lower than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded 18% are White British, 16% are Caribbean and 16% are Other White.

The practice operates in purpose built premises. All patient facilities are wheelchair accessible on the ground floor. The practice has access to four doctors' consultation rooms and two nurse consultation rooms on the ground floor and two doctors' consultation rooms and one nurse and one healthcare assistant consultation room on the first floor. Patients who are not able to access the first floor are seen on the ground floor.

The clinical team at the surgery is made up of three full-time GPs (one male and two female) and one part-time female GP who are partners, six part-time salaried GPs (three male and three female), two full-time and three part-time female practice nurses and one full-time and one part-time healthcare assistants. The non-clinical practice team consists of a managing partner and fifteen administrative and reception staff members. The practice provides a total of 64 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and medical students.

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 8:00am to 6:30pm Mondays to Wednesdays and from 8:00am to 6:00pm on Thursdays and Fridays. Extended hours surgeries are offered on Mondays and Tuesdays from 6:30pm to 8:00pm, Thursdays from 7:30am to 8:00am and on Saturdays (once every four weeks) from 9:00am to 12:30pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

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

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 06 December 2016.

During our visit we:

- Spoke with a range of staff including four reception and administrative staff, the practice manager, four GPs, GP registrar, practice nurse and a healthcare assistant and we spoke with 16 patients who used the service including four members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out analysis of the significant events and maintained a log on the computer system; however significant events derived from complaints were not recorded on the recording form to ensure learning for staff.
- The practice had no formal system in place to monitor the implementation of medicines and safety alerts; however we saw evidence that the practice had acted on some recent alerts.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had requested a medicine on repeat prescription and the request was rejected by the duty doctor without providing a reason. The practice investigated this incident and found that for this medicine to be prescribed it had to be checked before issue. Following this incident the patient was informed regarding the procedure and the prescription was issued. We found that the discussions from significant events were not always documented.

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

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults 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. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs and nurses were trained to Child Protection level 3 and non-clinical staff were trained to Child Protection level 1; however we found that eight out of 21 clinical staff and six out of 18 non-clinical staff had not undertaken child protection training relevant to their role. The practice informed us that training was planned for these staff for January 2016. Only four clinical staff and three non-clinical staff had undertaken safeguarding adults training.

- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place; however only four out of 21 clinical staff and one out of 18 non-clinical staff had received infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training

Are services safe?

when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- The practice had a clear system in place for the monitoring of patients on warfarin (a medicine to prevent heart attacks).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used long term locum GPs and had performed all the required pre-employment checks.

Monitoring risks to patients

Risks to patients were not always assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had undertaken a fire risk assessment themselves; however these were not sufficiently detailed. The practice carried out regular fire drills; however the practice did not have reports for these fire drills. The practice had identified fire marshals; however only three out of 18 clinical staff and six out of 18 non-clinical staff had undertaken fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a

variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); however the practice had not undertaken a control of substances hazardous to health risk assessment.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents; however not all staff had received annual basic life support training.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Three out of 21 clinical staff and nine out of 18 non-clinical staff had not undertaken annual basic life support training. 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.
- The practice had a business continuity plan in place; however it did not include details of how the practice would deal with major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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 94.4% of the total number of points available, which was above the Clinical Commissioning Group (CCG) average of 92.4% and comparable to the national average of 95.3%, with an exception reporting rate of 10.1% compared to CCG average of 7.9% and national average 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.) 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 in line with the Clinical Commissioning Group (CCG) and national average. For example, 68% (2.2% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 70% and the national average of 78%. The number of patients who had received an annual review for diabetes was 63%; the practice informed us that the low uptake was due to a coding issue.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing

agent was 100% (33.3% exception reporting), which was above the CCG average of 88% and national average of 84%. The practice informed us that the high exception reporting was due to a coding issue.

- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 80% (7.1% exception reporting), which was comparable to the CCG average of 83% and below the national average of 87%.
- Performance for mental health related indicators was in line with the CCG and national averages; 96% (5.6% exception reporting) of patients had a comprehensive agreed care plan documented compared with the CCG average of 86% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 76% (3.8% exception reporting) which was below the CCG average of 83% and national average of 84%; the practice did not have a clear system in place for documentation of annual reviews for these patients.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 92% (26.9% exception reporting) compared with the CCG average of 89.5% and national average of 89.6%.

Clinical audits demonstrated quality improvement.

- There had been one clinical audit carried out in the last two years and this was a completed audit where the improvements made were implemented and monitored; however this audit was not recorded as a report in a way it could be used.
- The practice had performed three quality improvement projects in topics such as heart failure, sip feeds and emollients.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment; however essential training had not been completed by all staff.

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However we found that four out of 21 clinical staff and two out of 16 non-clinical staff have not received a recent appraisal; the practice had plans in place to complete appraisals for these staff in December 2016 and January 2017. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GP.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however not all staff had completed all mandatory training. Only two out of 21 clinical staff and 10 out of 18 non-clinical staff had undertaken information governance training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice had comprehensive newsletters for patients which provided a wealth of information for patients including information on educational events, vaccinations, healthy living tips and local support information.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- They had a system in place where all referrals were peer-reviewed before being sent.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had weekly clinical meetings for which all staff are invited to attend; during these meetings they discussed clinical updates, clinical issues, clinical performance, referrals, significant events and complaints. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also had monthly nursing meetings which was attended by nurses and healthcare assistants; however these were not minuted.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005; however only four out of 21 clinical staff had undertaken Mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The consent obtained for minor surgical procedures was satisfactory.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

Are services effective?

(for example, treatment is effective)

condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was below the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 63% compared with 63% in the CCG and 72% nationally.

- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 49% compared with 50% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 90% compared to the CCG rates of 85% to 93%, and five year olds from 63% to 92% compared to CCG rates of 74% to 92%. The practice had a clear system in place for recalls and had a designated administrative staff for monitoring the uptake of vaccinations. Flu immunisation target rates for diabetes patients were 87% which was in line with the CCG average and below the national average.

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.

- 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 16 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with sixteen patients including four members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the practice were in line with the local and national averages and below these in two instances. For example:

- 89% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 77% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 78% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with local and national averages for consultations with GPs and nurses. For example:

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

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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 had identified 1.5% (190 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP called them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The premises were accessible to people who used a wheelchair or walking aids and translation services available. However the practice had no hearing loop; the practice informed us that they offered e-mail communications for patients with hearing impairments. Clinical staff in the practice spoke many local languages which helped to support non-English speaking patients.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice had a system in place where one of the GPs acted as a Floating GP who was available to deal with home visit requests and to provide clinical support for administrative staff.
- Patients could electronically check in on the touchscreens available in the reception area.
- The practice provided minor surgical procedures, phlebotomy, spirometry and electrocardiography to improve monitoring of patients with long term conditions which reduced the need for referrals to hospital.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:00am to 6:30pm Mondays to Wednesdays and from 8:00am to 6:00pm on Thursdays and Fridays. Extended hours surgeries were offered on Mondays and Tuesdays from 6:30pm to 8:00pm, Thursdays from 7:30am to 8:00am and on Saturdays (once every four weeks) from 9:00am to

12:30pm. 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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below the local and national averages in many aspects.

- 71% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 75%; national average of 76%).
- 52% of patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 23% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

We spoke with sixteen patients including four members of the Patient Participation Group. People told us on the day of the inspection that they had difficulty in getting appointments. Six patients told us they had difficulties in getting routine appointments; six patients reported that had to wait long time to be seen when they were in for an appointment. Patients also reported that they had difficulties in reaching the surgery by phone in the mornings.

The practice was aware of this problem and have made changes to the appointment and telephone system including:

- Appointments made available throughout the working hours of the practice.
- All GPs had both routine and emergency appointments including telephone and face to face appointments and five minute appointments to discuss test results.
- All clinicians have routine appointments that could be booked four weeks in advance.
- Mondays and Fridays were made free of routine clinical work including implant and antenatal clinics and nursing home visits.
- Independent telephone line for results.
- Five reception staff answering six telephone lines.
- Encourage patients to sign up for online access.

Are services responsive to people's needs?

(for example, to feedback?)

During the inspection we saw that a routine GP appointment with a locum GP was available in two days and the practice informed that a routine appointment with a regular GP is usually available in two to three weeks.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The practice had no complaints leaflet for patients; however the day following the inspection the practice provided us a copy of their complaints leaflet. There was no complaints poster in the waiting area.

We looked at 19 complaints received since April 2016 and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint; however not all response letters included the information of external organisations that patients could contact if they were not satisfied with the practice's response. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about the attitude of a reception staff. The practice investigated this incident and spoke to the staff member. The practice apologised to the patient. Following this incident the practice organised customer service training for reception staff.

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

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, though there was insufficient attention paid to risk management:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had identified leads for clinical and administrative areas.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had monthly staff meetings where they discussed general administrative issues, general clinical issues, policies and protocols.
- The practice also had monthly reception staff meetings where they discussed reception and administrative specific issues.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt 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.
- The practice had recently arranged for a management away day; the practice informed us that this helped them to ascertain strengths and weaknesses of individuals within the practice and identified their personalities. Following the away day the practice decided to appoint a deputy practice manager; they had interviewed and selected a candidate who was due to start on 19 December 2016.
- We spoke to a member of staff who had started working at the practice as administrative and reception staff and had been supported and trained to undertake more senior roles in the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active PPG with 20 members which met on a quarterly basis and carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, the practice had made changes to its appointment and telephone system including having five reception staff answering six telephone lines and a separate results line.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example the practice was one of the six practices which participated in 'Together for Health' a group consultation pilot project for patients with diabetes, chronic obstructive pulmonary disease and hypertension. The project involved a different style of consulting in general practice to support self-management. In the diabetes pilot eight patients attended; during these sessions the patients organised a walking group and a social media group to connect them. Patients showed other patients on how to use new blood glucose monitors and also shared healthy recipes. The patients who attended this pilot provided positive feedback.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that all staff have basic life support, child protection, infection control, information governance, fire safety and mental capacity act training relevant to their role.</p> <p>The provider had not ensured that all significant events are recorded to ensure lessons were shared to staff.</p> <p>The provider had not ensured how they would deal with a range of major incidents such as power failure or buildings damage as they did not have a comprehensive business continuity plan.</p> <p>The provider had not ensured that a control of substances hazardous to health risk assessment and a comprehensive fire risk assessment is undertaken and that recommendations following the risk assessments are actioned.</p> <p>This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>