Southmead Surgery

Quality Report

Blackpond Lane,
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Website: www.southmeadsurgery.co.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southmead Surgery on 14 July 2016. Overall the practice is rated as inadequate.

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

- Risks to patients were inconsistently assessed and managed, including those relating to building safety checks, triage of patients attending the walk in clinic, a tool used to assess same day appointments was inappropriate and ensuring safety alerts were actioned and recorded.
- Opportunities were missed to learn from complaints as verbal complaints were not logged or shared with the staff.
- There was no evidence that learning from significant events and complaints were fully shared with all staff. There was a new system in place to log there incidents, however the was no reassurance that this system was embedded and effective within the practice.
- Emergency procedures were not robust in relation to assessment of medicines required during home visits and for emergency medicines available at the practice.
- Although emergency medicines were always available in the practice, when GPs took the emergency kit with them on home visits the emergency medicines were not easily available. This could impede the ability to respond quickly.
- Patients said they were treated with compassion, dignity and respect.
- Data showed patient outcomes were comparable to the national average and there was a comprehensive audit system in place that was used to drive improvements in patient outcomes, including designing new clinical pathways.
- Information about services was available in a format to enable everybody to understand and access it.
- The practice had a number of policies and procedures to govern activity, but not all were followed. For example, out of date needles and syringes were found in the emergency kit, and a chaperone was used without training or a Disclosure and Barring Service

Summary of findings

(DBS) check in place (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The areas where the provider must make improvements are:

- Review the appropriateness of clinical triage and patient access to appointments to ensure systems are safe and that staff are suitably trained to implement these systems.
- Have effective communication systems in place to ensure that all relevant staff knows the results and actions required following reviews into significant events and complaints.
- Ensure all staff that chaperone have a Disclosure and Barring Service (DBS) check in place and appropriate training before commencing chaperoning.
- Ensure all complaints whether written or verbal are documented to identify trends and learning to mitigate the risks identified to people who use the service and that findings shared with all relevant staff.
- Ensure an appropriate risk assessment is undertaken to identify what medicines are needed for use during home visits.
- Ensure safety alerts are actioned and recorded and appropriate records are maintained to mitigate risks to service users.
- Ensure the premise used by the practice is safe for their intended purpose. Specifically, gas safety and fixed electrical safety checks.
- Review the arrangements to monitor and maintain emergency medicines and equipment to ensure appropriate action can be taken if there is a clinical or medical emergency.
- Monitor the distribution of blank prescription stationery within the practice in accordance with current guidelines.

In addition the provider should:

- Ensure patients continue to be given the opportunity to be part of the patient participation group (PPG) to enable the patient's voice to be heard.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong lessons learned were not communicated widely enough to support improvement. Patients did receive a verbal and written apology if their complaint was made in writing.
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe.
- There was no assessment of the urgency of need for patients attending the walk-in service on Monday mornings. The assessment tool for same day appointments was not appropriate as it included issues that would need to seek immediate medical attention.
- We were told that a member of staff was used as a chaperone without a Disclosure and Barring Service (DBS) check, a risk assessment or appropriate training.
- The practice had not undertaken an appropriate risk assessment to identify what medicines they would need for use in acute situations, when on home visits.
- No atropine was available on site to deal with reactions to the fitting of
- There was a process for checking emergency equipment was maintained and in date. This process was not followed as all of the needles and syringes in the emergency on site kit were out of date.
- Patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA) were emailed to staff, but there was no audit trail to show if these had been acted on or completed.
- Gas safety certificates were not available and electrical safety checks had not been undertaken.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice had good prescribing systems and had liaised with the clinical commissioning group to ensure prescribing was safe.
- Appropriate recruitment checks were undertaken prior to employment.

Summary of findings

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment
- Staff told us they had regular appraisals and evidence was seen of these in staff files.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- 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 although there was not always 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 the practice responded quickly to issues raised. However, there was no evidence that learning from complaints had been shared with all staff.

Summary of findings

- Patients could attend a walk in clinic on Monday and make urgent on the day appointments at other times however the systems did not ensure patient's needs were met.

Are services well-led?

Inadequate

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

- The practice had a vision and a strategy, not all staff were aware of their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management during times they needed to approach them with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were not fit for purpose.
- There was a lack of system for ensuring the governance of the practice to protect staff and patients. For example, there was no system in place to identify that safety checks in the building had not been completed.
- All staff had received inductions but not all staff had evidence of information communicated to them if they did not attend staff meetings.
- Opportunities to learn from verbal complaints were missed as they were not documented and discussed.
- There was no system in place to log blank prescriptions out to individual practitioners/clinical rooms.
- There was no systematic process to identify evidence of ongoing registration with the appropriate governing body.
- There was a policy in place to train and DBS check staff before chaperoning. The practice told us that this was not always followed.
- Systems for checking emergency equipment and medicines were not robust to ensure safety.
- The system for dealing with safety alerts did not allow for timely and thorough communication to all staff. Actions identified were not documented.
- The practice had sought feedback from staff and patients, but did not act upon verbal comments/complaints.
- The practice patient participation group.
- Staff told us they had received regular performance reviews.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safety and for well-led, requires improvement for responsive and good for effective and caring. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with multi-disciplinary teams in the care of older vulnerable patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than the average.
- For example, 97% of patients with chronic obstructive pulmonary disease had a review including an assessment or breathlessness compared to the clinical commissioning group (CCG) average of 92% and national average of 90%. 91% of patients with dementia had been reviewed face-to-face in the previous 12 months compared to the CCG average of 86% and national average of 84%.

People with long term conditions

Inadequate

The practice is rated as inadequate for people with long-term conditions. The provider was rated as inadequate for safety and for well-led, requires improvement for responsive and good for effective and caring. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 88% of targets which was higher when compared to the CCG average (80%) and the national average (81%), exception reporting for diabetes related indicators was 9%, lower than the CCG average (12%) and national average (12%).

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safety and for well-led, requires improvement for responsive and good for effective and caring. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- 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 comparable to CCG and national averages 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 positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people. The provider was rated as inadequate for safety and for well-led, requires improvement for responsive and good for effective and caring. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice..

- 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

- 92% of women aged 25 to 64 had a cervical screening test in the last five years compared to the CCG average of 84% and national average of 82%.
- The practice offered extended opening hours on a Monday morning from 7.20am.
- Requesting repeat prescriptions and booking appointments could be done online.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safety and for well-led, requires improvement for responsive and good for effective and caring. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health. The provider was rated as inadequate for safety and for well-led, requires improvement for responsive and good for effective and caring. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- 97% of patients with psychoses had an agreed, documented care plan, which is higher that the CCG average of 89% and the national average of 88%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 07 July 2016, results showed the practice was performing in line with local and national averages. 224 survey forms were distributed and 118 were returned. This represented 2% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients said they received an excellent service at the practice and they felt that the GPs, nurses and receptionist were kind, caring and compassionate.

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

We looked at the NHS Friends and Family Test for March 2016, where patients are asked if they would recommend the practice. The results showed 81% of respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service MUST take to improve

- Review the appropriateness of clinical triage and patient access to appointments to ensure systems are safe and that staff are suitably trained to implement these systems.
- Have effective communication systems in place to ensure that all relevant staff knows the results and actions required following reviews into significant events and complaints.
- Ensure all staff that chaperone have a Disclosure and Barring Service (DBS) check in place before commencing chaperoning.
- Ensure all complaints whether written or verbal are documented to identify trends and learning to mitigate the risks identified to people who use the service and that findings shared with all relevant staff.
- Ensure an appropriate risk assessment is undertaken to identify what medicines are needed for use during home visits.
- Ensure safety alerts are actioned and recorded and appropriate records are maintained to mitigate risks to service users.
- Ensure the premise used by the practice is safe for their intended purpose. Specifically, gas safety and fixed electrical safety checks.
- Review the arrangements to monitor and maintain emergency medicines and equipment to ensure appropriate action can be taken if there is a clinical or medical emergency.
- Monitor the distribution of blank prescription stationery within the practice in accordance with current guidelines.

Action the service SHOULD take to improve

- Ensure patients are given the opportunity to be part of the patient participation group (PPG) to enable the patient's voice to be heard.

Southmead Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Southmead Surgery

Southmead Surgery provides GP services to 6600 patients in a suburban area of Slough. It is based in an area of mixed ethnicity and this is reflected in its patient list. The locality has a relatively low level of deprivation, with a higher working age population compared to the national average.

The practice has three GP partners and three salaried GPs, four female and two male. It currently has one practice nurse and one healthcare assistant. There are 11 members of administration, reception and support staff, including a practice manager.

Southmead Surgery comprises two floors. The ground floor has six GP consulting rooms and two nurse treatment rooms. A phlebotomy room and a non-clinical consulting room. The second floor is for administration staff with two extra consulting rooms. There is step free access to the main entrance, parking (including disabled parking spaces) and automatic entrance doors. The practice has been extended over the years to maximise space.

The practice is open between 8.30am and 1pm, then between 2pm and 6.30pm Monday to Friday (opening at 7.10am on Monday). Telephone lines are open between 8.30am and 1pm, then between 2pm and 6pm Monday to Friday The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by East Berkshire out of hours service and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Southmead Surgery is registered to provide services from the following location:

Blackpond Lane, Farnham Common, Slough, Buckinghamshire, SL2 3ER.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 July 2016. During our visit we:

- Spoke with a range of staff including and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and a written apology.
- Staff who attended team meetings were informed of any learning from significant events. There was no evidence that the practice shared the learning with staff who did not attend the meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was a process for recording significant events and we saw evidence of meetings where significant events were discussed. The process did not clearly track the incident fully from documenting the incident through to sharing the learning with the team. We saw evidence that action was taken to improve safety in the practice. For example, a new system for sharing the results of 24 hour blood pressure monitoring, with the requesting GP, was introduced to prevent the results going missing.

Overview of safety systems and processes

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

- The assessment tool for same day appointments was not appropriate and could cause delays for patients as it included symptoms and conditions that needed urgent as well as emergency medical attention. We asked receptionists to show us a protocol for identifying patients who needed prioritisation. They gave us a triage tool that they used Tuesday through to Friday (when there was no walk in clinic) to identify whether a patient required a same day appointment. This tool identified conditions that could need immediate and urgent attention, but staff told us that they would use the tool and offer an appointment sometime that day. For example, it recommended a same day appointment and not an immediate medical advice for a 'new rash especially if does not disappear with glass test' (this could indicate meningitis and requires immediate medical attention).
- There was no assessment or triage of patients for the urgency of need for patients attending the walk-in service on Monday mornings. Patients would ask for an appointment without any check on their wellbeing and would wait for up to 90 minutes for a nurse or GP to see them; leaving patients at risk of deterioration for conditions that may need urgent or emergency medical attention.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses and health care assistants were trained to child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. Staff had recently had chaperone training and a Disclosure and Barring Service (DBS) check had been applied for (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We saw that the practice was clean and there were cleaning schedules in place and cleaning records were kept.
- 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 and staff had received up to date 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 vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Although the GPs called patients to triage for a home visit there was no documented risk assessment available to assess the requirement for any emergency medicines. An action plan was produced on the day to mitigate any risks.
- No atropine for use in an emergency was available on site to deal with any reactions to the fitting of
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored but there was no system in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were emailed to the practice manager and all partners. However, there was no evidence of a follow up to check if these had been dealt with and who had been responsible for ensuring they were acted upon.
- 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. However, there was no systematic process to identify evidence of ongoing registration with the appropriate governing body.

Monitoring risks to patients

Risks to patients were inconsistently assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- There had been no fixed electrical safety check undertaken at the practice and no gas safety certificate was available. 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 control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency procedures were not robust in relation to assessment of medicines required during home visits, in acute situations, and for emergency medicines available at the practice. When attending home visits the GPs would occasionally take the emergency medicines kit with them. Although emergency medicines were always available in the practice, when GPs took the emergency kit with them on home visits the emergency medicines were not easily available. This would impede the ability to respond quickly.

Inadequate

Are services safe?

- There was a process and system in place to check that drugs are in date and equipment is well maintained. This process was not followed. All the medicines we checked were in date and stored securely. All of the needles and syringes in the emergency kit were out of date (with dates as old as 2014). Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 100% of the total number of points available.

The practice's exception rate overall was 6% which was below the clinical commissioning group (CCG) of 10% and national average of 9%. (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). The practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was which was 100% above the CCG average of 93% and the national average of 89%.
- Exception reporting for diabetes related indicators was which was 8% below the CCG average of 9% and the national average of 11%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and the national average of 93%.
- Exception reporting for mental health related indicators was 9% which was comparable to the CCG average of 9% and the national average of 11%.

Nursing staff took a particular interest in undertaking reviews for long term conditions to ensure the best outcomes for patients and to achieve QOF targets.

There was evidence of quality improvement including clinical audit.

- There had been 8 clinical audits completed in the last two years, 6 of these were completed audits where the improvements made were implemented and monitored.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions attended training courses and had clinical mentors within the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We were told by staff that appraisals had taken place within the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

Good

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG average of 84% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 60% compared to the CCG average of 59% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 74% compared to the CCG average of 76% and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97%and five year olds from 78% to 98%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 17 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.

On the day we spoke with one patient who was identified by the practice as a new member of a recently formed patient participation group (PPG). They told us that they were not aware of the PPG. The practice told us that due to a previous PPG disbanding they had unsuccessfully attempted to recruit a virtual group. The practice recently decided that it would be best if they tried again to recruit a new face to face group. The practice have highlighted this as an area to improve and have recently joined NAPP as part of a drive to improve this.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

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

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers (1% of the practice list). The carers were offered an annual health review. Written information was available to direct carers to the various avenues of support available to them.

The practice had identified seven patients as having a learning disability. These patients were offered an annual health check, of which seven had attended.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice referred patients to other services for social issues and public health issues, such as the Live well Stay well service (which aims to support patients to understand the impact of lifestyle choices on their mental and physical health.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had responded to the GP patient survey, which suggested that patients did not usually get to see their preferred GP and waited too long after their appointment time, by implementing a walk in service on a Monday morning. This service was well attended by the patients but waiting times were up to 90 minutes to be seen.

Access to the service

The practice and the phone lines were open between 8.30am and 1pm, then between 2pm and 6.30pm Monday to Friday (opening at 7.10am on Monday). Appointments were from 8.30am to 11.30, then from 2.30pm to 5.30pm daily (with first appointment available at 7.20am on Monday). 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 was comparable in some areas but lower in others to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 52% of patients said they could usually get to see or speak to their preferred GP compared to the CCG average of 63% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them but not always with who they wanted to see.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- Urgent same day appointments were available. However, the patients' survey results showed dissatisfaction with access and the walk in clinic had a waiting time of up to 90 minutes for patients to be seen.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England,
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, leaflets were visible in reception.

We looked at nine complaints received in the last 12 months and found that written complaints were dealt with in a timely manner, with openness and transparency and letters of apology were sent. Lessons were learnt from written complaints. The recording system had recently been changed to support analysis of trends, which was not fully embedded on the day of inspection.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values, however, some staff were unclear regarding their responsibility in relation to achieving this.
- The practice had a robust strategy and supporting business plans which reflected the vision and values.

However, this vision was not underpinned by a clear leadership structure.

Governance arrangements

The practice was unable to demonstrate clear and embedded systems and processes to deliver good quality and safe care to promote positive outcomes for patients. Communication with staff had not been optimised and the lack of a structure meant sharing of information was disjointed.

- There was arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was an overall lack of governance structure to drive improvement.
- The governance arrangements had not recognised the risk associated with the systems and processes in place. For example the walk in service and urgent on the day appointments. This highlighted a lack of clinical ownership over the systems that staff were using.
- Systems did not ensure improvement for example: complaints and serious incidents were inconsistently managed. Where incidents were investigated learning from these events was not always shared with staff or relevant individuals.
- Not all staff had been made clearly aware of the responsibilities; for example, medicine and patient safety alerts were not always processed effectively to ensure appropriate action had taken place.
- There was no management oversite of the actions needed relating to the operation and maintenance of the building. For example, fixed electrical and gas safety checks.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. The evidence found on the day did not corroborate this with regards to safety within the practice.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had limited systems in place to ensure that when things went wrong with care and treatment:

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

The leadership team were not cohesive in their approach although staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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

- There was limited evidence of seeking feedback from patients. There were surveys that all practices are involved with. The practice were trying to engage a new PPG group to support them with this and were working with external services to support them with this.
- The staff told us the practice had gathered feedback from them through annual appraisals.
- 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.

Are services well-led?

Inadequate

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

Continuous improvement

There was limited focus on continuous learning and improvement. Opportunities to learn from significant events and complaints were at risk of being missed by the lack of governance with dissemination of information. There was a limited programme of continuous clinical and internal audit, which was used to monitor quality and to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, plan and mitigate risks to the health and safety of service users. The provider had failed to identify the risks associated with: • The lack of triage during a walk in clinic and staff using an inappropriate medical assessment tool. • There were not appropriate medicines on site to deal with emergencies (atropine). • The assessment tool for same day appointments was not appropriate as it included issues that would need to seek immediate medical attention. • There was not an appropriate assessment of the arrangements for emergency medicines, on site and during home visits. • Procedures were not followed to identify that the needles and syringes in the emergency kit were out of date (from 2014). • Safety alerts were not always actioned and recorded and appropriate records maintained. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider was not ensuring : • Learning from significant events and complaints or with patient safety alerts, recalls and rapid response reports issued from the medicines and healthcare products regulatory agency, as there was no system in place to document actions (or omissions) taken and the resulting impact. • There was no system for logging distribution of blank prescription stationery in line with national guidance. • There was no evidence of regular checks that qualified staff were registered with the appropriate governing body. A staff member had been used as chaperone, although DBS checks had not been undertaken. • Not all staff that undertook chaperone duties had a Disclosure and Barring Service (DBS) check in place before commencing chaperoning. • There was an overall lack of governance structure to drive improvement. There was no system in place to ensure appropriate building safety checks were carried out. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.