

Dr Carl Chang (known as Bush Hill Park 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	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

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 Dr Carl Chang (known as Bush Hill Park Medical Centre) on 30 March 2016. Overall the practice is rated as Requires Improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed with the exception of those relating to medicines management.
- Data showed patient outcomes were low compared to the locality and nationally. Although two audits had been carried out, there was not enough evidence that audits were driving improvement in performance and patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were available on the day they were requested.

- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had proactively sought feedback from patients and had an active Patient Participation Group.

The areas where the provider must make improvements are:

- To ensure all new staff are aware of their responsibilities and how the practice runs and to ensure that all established staff have regular appraisals.
- All staff must have basic life support training.
- Assess the risk of not having access to a defibrillator and ensure that oxygen held at the practice has the appropriate masks available.
- Ensure that staff have specific training for administering vaccines and to perform cervical screening in accordance with good practice.
- Regularly review stock of emergency medicines to ensure that all medicines are in date.

In addition the provider should:

Summary of findings

- Review and update practice policies, procedures and guidance.
- Have business continuity plans to support the practice in the event of an emergency.
- Initiate a programme of regular fire drills.
- Obtain a Control of Substances Hazardous to Health (COSHH) assessment.
- Ensure that patients are aware of the availability of chaperones.
- Devise systems to monitor the usage of prescription pads held at the practice.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the inspection team saw little evidence of when there were unintended or unexpected safety incidents that reviews and investigations were thorough enough and lessons learned were communicated widely enough to support improvement. People did not always receive a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. On the day of the inspection, we saw that some emergency medicines were out of date and vaccines designated not for use were not quarantined correctly.
- There was written documentation to indicate that in-house infection control audits were conducted.
- The practice did not make patients aware that a chaperone was available at all times, should one be required.

Requires improvement



Are services effective?

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

- Data showed patient outcomes were mixed compared to the locality and nationally. For example, only 71% of women on the register, aged between 25-64 have notes which record that a cervical screening test has been performed in the preceding five years. This is in comparison the national average of 82%. The percentage of patients on the diabetes register with a record of having a foot examination and risk classification within the preceding 12 months was 95% compared to the national average of 88%.
- There was no evidence that audit was driving improvement in performance and patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- There was evidence that annual staff appraisals and personal development plans for non-clinical staff had recently been introduced.

Requires improvement



Summary of findings

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible at the practice, however this information was not available in hard copy in a variety of languages. However, patients accessing the practice website could access this information in a variety of languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Members of the PPG and patients spoken to on the day of inspection said that the practice provided very good care and listened to their views.

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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice introduced a 'walk-in' morning surgery for patients which runs every weekday morning.
- Patients can access services in a way and at a time suitable to them.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



Summary of findings

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management and knew who to approach with issues.
- The practice had a limited number of policies and procedures to govern activity, some of these were overdue a review.
- The practice did not have an up-to-date Business Continuity Plan or any documentation of practice procedure in the event of an emergency.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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 provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Care and treatment of older people did not always reflect current evidence-based practice, but older people did have care plans where necessary.
- Longer appointments and home visits were available for older people when needed.
- Older patients were seen as a matter of priority if they attended the surgery for an urgent appointment.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- There was no clear lead amongst the GP partners regarding roles in chronic disease management.
- The Quality Outcomes Framework (QOF) recorded the practice figures as comparable to the national average on all but one of the diabetes indicators. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to 88% for the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP, a personalised care plan or structured bi-annual review to check that their health and care needs were being met.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- 80% of patients diagnosed with asthma on the patient list, have had an asthma review in the last 12 months, compared to the national average of 75%.
- 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.
- Cervical screening testing performed in the preceding 5 years for required patients by the practice was at 71%, compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children were seen as a matter of priority if they attended the surgery for an urgent appointment

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- The surgery held extended hours surgery twice a week to allow those who work access to a face-to-face consultation.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 patients with a learning disability.
- The practice 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.

Requires improvement



Summary of findings

- 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)

The provider was rated as requires improvement for safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out 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 regularly reviews patients who have had a change of medicine in order to identify changes in behaviour or relapses.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results was published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and sixty eight survey forms were distributed and 111 were returned. This represented approximately 5% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 76%.
- 92% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 81% and a national average of 85%.
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 72% and a 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 34 comment cards which were all positive about the standard of care received. Patients said that the Doctors were very good; that they had time for their patients and they were well looked after. Patients also said the practice premises were clean and tidy and that reception staff are polite, helpful and respectful.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. In particular, we were told that the doctors were thorough with their consultations with patients and that they are very caring, kind and supportive.

Dr Carl Chang (known as Bush Hill Park Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a Practice Manager specialist adviser and a CQC Inspection Manager.

Background to Dr Carl Chang (known as Bush Hill Park Medical Centre)

Bush Hill Park Medical Centre is located in a residential area of Enfield, North London. The practice is located in privately owned premises on a small residential road. Patients can access the practice by car, with parking available outside the practice or by public transport, with a bus stop located approximately five minutes' walk from the practice.

The practice operates from:-

25 Melbourne Way

Bush Hill Park

Enfield

EN1 1XG

There are approximately 2200 patients registered at the practice. Statistics shows moderate deprivation levels among the registered population. The registered population is higher than the national average for those aged between 20-69.

Care and treatment is delivered by two part-time GP partners (one male and one female). Five administrative and reception staff work at the practice and are managed by one of the partner GP's. The practice does not employ a practice nurse or a healthcare assistant.

The practice is open at the following times:-

- 8:00am - 8:00pm (Mondays, Wednesdays)
- 8:00am - 7:30pm (Tuesdays, Fridays)
- 8:00am - 1:30pm (Thursdays)

Clinical sessions are run during the following times:-

- 9:00am - 11:15am (Monday - Friday)
- 4:00pm - 7:00pm (Mondays, Wednesday)
- 4:00pm - 6:00pm (Tuesdays, Fridays)

Extended hours consultations are held every Monday and Wednesday between the times of 6:00pm - 7:00pm.

Patients can book appointments in person, via the phone and online.

Outside of normal working hours, patients are advised to contact the local out of hours service provider on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

Detailed findings

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning

Enfield Clinical Commissioning Group is the local commissioning team for this practice.

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.

Dr Carl Chang has not been previously inspected by the CQC.

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 the 30 of March 2016. During our visit we:

- Spoke with a range of staff (the two GP partners and three practice administrators) and spoke with patients who used the service.
- 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, however, staff were not clear on the difference between an incident and a significant event.

- Staff told us they would inform the practice partners and other members of staff regarding any incidents and there was a recording form available on the practice's computer system. We reviewed significant events discussions and lessons were shared between the partners to make sure action was taken to improve safety in the practice. However, it was not clear how non clinical staff had been included in the discussions or analysis about the significant events. It was also unclear how changes in practice were implemented and monitored over time.
- The GP partners were aware the Duty of Candour but could not demonstrate how they complied with the requirements when there was an unexpected or unintended safety incidents; the practice could not demonstrate how they gave affected people reasonable support, truthful information and a verbal and written apology. On the day of inspection, we saw no evidence that the practice had a specific policy in place to record when incidents occur and what the practice did to respond to these incidents in the light of the duty of candour.

We saw an example of a significant event which triggered a review of the practice's medicines review protocol following a change in a patient's medicine. However, we did not see what response was given to the patient as a result.

Overview of safety systems and processes

The practice had defined and embedded 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 GPs attended safeguarding

meetings when possible. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three. Non-clinical staff were trained to safeguarding level one.

- The practice did not display a notice in the waiting room advising patients that chaperones were available if required; however, all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local Clinical Commissioning Group (CCG) 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. A recent infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency drugs and vaccines, in the practice which were designed to keep patients safe (including obtaining, prescribing, recording, handling, storing and security) were not being adhered to. On the day of the inspection, we identified a fridge with vaccines that were designated to be destroyed, not labelled as quarantined medicines. A GP partner told us that the vaccines were to be destroyed as the fridge temperature had been noted as being outside of the recommended temperatures of between two and eight degrees for storing vaccines for a undetermined period of time over the previous weekend. The quality, efficacy and safety of a vaccine cannot be guaranteed if the temperature of a vaccine fridge falls outside the recommended storage temperatures for a prolonged period, and for this reason the partners at the practice made the decision to have the vaccines destroyed. Additionally, there were patient specimen samples to be sent for testing stored in this fridge. The storage of specimen samples in fridges designated for vaccine storage contravenes Public Health England guidance. When members of the inspection team approached the practice regarding this

Are services safe?

issue, the lead GP told us that all members of staff knew that the vaccines were not to be used, and this was the reason why the vaccine fridge had been placed in a non-clinical area of the practice. The practice made arrangements for the identified vaccines to be collected and destroyed during the inspection, and the specimens were collected and delivered to the local hospital for testing.

- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored in a locked cupboard at the end of each day; however there were no procedures in place for monitoring their use during surgery hours in accordance with NHS guidelines.
- We reviewed three 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.

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.

Monitoring risks to patients

Risks to patients were assessed and 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, but did not carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use. The practice had some risk assessments in place to monitor safety of the premises such as and infection control and legionella (*Legionella*

is a term for a particular bacterium which can contaminate water systems in buildings), but did not have a current Control of Substances Hazardous to Health (COSHH) assessment in place.

- 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 limited 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.
- The inspection team found that not all staff had received annual basic life support training.
- The practice did not have a defibrillator and no risk assessment had been undertaken by the practice for not having one on site. Oxygen was available at the practice with adult masks, but no masks for children. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Not all the medicines we checked were in date and fit for use. The inspection team noted that sterile water to be used for administering medicines was out of date. We informed the practice about the out of date water and remedied the situation by removing the water from the emergency medicines and destroying it.
- The practice did not have an updated comprehensive business continuity plan in place for major incidents such as power failure or building damage. The business continuity plan was out of date. The plan did not refer to both partners at the practice (only one partner) and it referred to the predecessor of the local Clinical Commissioning Group (CCG), the Primary Care Trust (PCT).

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice could evidence that they 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.
- However, the practice was not able to evidence they used these guidelines to monitor agreed actions.

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 showed the practice had gained 77% of the total number of points available, with 2% exception reporting. (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 2014/2015 showed;

- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and national averages. 70% of patients had regular blood tests in comparison to the national average of 83%.
- Performance for diabetes related indicators was generally comparable to the CCG and national average. For example, patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less have had an influenza immunisation between April 2014 and March 2015 was 79%, which is comparable to the national average of 80%. Performance for mental health related indicators was comparable to the CCG and

national average. For example, patients with a mental health condition whose alcohol consumption had been recorded between April 2014 and March 2015 is 89%, which is the same as the national average.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was below the national average. 71% of patients at the practice had a review in comparison to the national average of 84%.
- We asked practice leads about the 2014/15 QOF results in particular the low attainment overall and were advised there had been some issues at the practice with the computer systems and recording results. The inspection team were advised and shown that the 2015/16 submission showed improvement and at the time of the inspection overall attainment stood at 92%; however these figures had not been validated by the external body responsible for the collection of QOF figures.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits undertaken, two of which were three-cycle clinical audits. These were completed audits where the improvements made were implemented and monitored. For example, one audit focused on patients who had their B12 levels checks as part of their medicine review when taking Metformin, a medicine prescribed primarily for diabetes. The first audit revealed that out of 77 patients, 15 had their B12 levels tested and of the 15 identified, 14 had normal B12 levels and one had an abnormal level. The clinicians decided following the outcome of the first audit, that all patients on Metformin should be tested as part of the patient medicine review. The final audit showed that following the decision to request testing routinely, 64 out of 75 patients on Metformin had B12 testing conducted, with 59 patients identified as having normal B12 levels and 5 patients recorded as having abnormal levels.
- We saw evidence that practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

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, those reviewing patients with long-term conditions. However, there was not currently a practice nurse administering vaccines and this role was being undertaken by both partner GP's. Both GP's told us they referred to online resources for updates however, neither had undertaken any recent formal immunisation training or specific training for taking samples for the cervical screening.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, appraisals, coaching and mentoring, and facilitation and support for revalidating GPs. On the day of inspection, we noted that not all non-clinical staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, not all staff had received basic life support training.
- The practice does not employ a practice nurse. The lead GP at the practice explained that he believed that there was no requirement to have a practice nurse as between the female GP partner and himself; they were able to cover the clinical areas such as cervical screening, which are normally undertaken by a practice nurse.

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 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 services 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. The practice showed the inspection team that they faxed all the care plans for their patients to the Out Of Hours (OOH) provider, in the event of the plan needing to be actioned outside of the practice's opening times.

We saw limited written evidence that formal multi-disciplinary team meetings took place on a regular basis. We saw that care plans were routinely reviewed and updated. GP's at the practice informed the inspection team that cases were discussed with multi-disciplinary team members individually.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- No records audit had been carried out on the process used for seeking patients consent to care.

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 condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service, if an in-house service was not provided.
- Those registered as carers were offered advice and counselling by the practice and signposted to other relevant services.

The practice's uptake for the cervical screening programme was 71%, which was below the CCG average of 80% and the

Are services effective?

(for example, treatment is effective)

national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice told us they had recognised the need to improve rates and had introduced information about the screening programme in a number of local languages and encouraged patients to access a female sample taker who was a GP.

Childhood vaccine rates were comparable to CCG averages. For example, childhood vaccines given to under two year olds ranged from 79% to 100% and five year olds from 52% to 93%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They stated that the practice always listened to the views of the PPG and their patients and acted according to views given. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 91% said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 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. Results were in line with local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%

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. The senior partner within the practice spoke three Chinese dialects which allowed him to communicate with a number of his patients whose first language is not English, without the need for a translator.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients from the practice list as carers. This equates to just over one and

Are services caring?

a half percent of the practice list size. The practice offered carers health checks and provided written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and to give 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 had recently engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice has recently implemented a programme whereby they are able to call in patients at the correct time for prescribed vaccines.

- The practice offered extended hours surgery on a Monday and Wednesday evening until 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for all patients who require them.
- Home visits were available for older patients and patients who would benefit from these.
- The practice offered telephone consultations.
- Same day walk-in appointments were available for all patients with priority being given to children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered a phlebotomy service five days a week. Patients could also go to the local hospital for this service if requested.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8:00am and 8:00pm Mondays and Wednesdays; 8:00am and 7:30pm Tuesdays and Fridays and 8:00am and 1:30pm on Thursdays. The surgery was closed on Thursday afternoon. Appointments were from 9:00am every morning until the last patient was seen. The surgery operated a ticket system appointment surgery each morning which runs until 11:15am. Patients come in each morning, take a ticket, register their ticket number with the receptionist and proceed to the waiting room until their number is called. The exceptions to this

rule were children and very elderly persons, who are seen by the first available doctor. Afternoon surgery ran from 4:00pm to 7:00pm on Mondays and Wednesdays and 4:00pm to 6:00pm on Tuesdays and Fridays. Extended surgery hours were offered between the hours of 6:00pm and 7:00pm on Mondays and Wednesdays. In addition, pre-bookable appointments could be booked up to six weeks in advance for the afternoon surgery.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%.

76% patients said they always or almost always see or speak to the GP they prefer compared to CCG average of 53% and national average of 59%.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. A leaflet for registering complaints was available from reception.

- 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.

On the day of the inspection, the practice could not provide any examples of complaints received within the last 12 months. The practice informed us that they had not received any complaints during this timeframe. We looked at the last complaint received by the practice in 2014 and found that the response to the complaint was dealt with in a timely way and with openness and transparency.

Are services well-led?

Requires improvement 

(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 statement of purpose and staff knew and understood the values.
- The practice did not have a robust strategy and supporting business plans which reflected the statement of purpose.

Governance arrangements

The practice had governance arrangements in place which supported the delivery of the statement of purpose and to enable good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- There were practice specific policies in place. These are limited but those in place were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained and the practice had begun to make improvement in areas where required.
- A recent programme of continuous clinical and internal auditing had been undertaken at the practice which was used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these arrangements were neither consistent nor robust. For example, the inspection team saw a business continuity plan on the day of inspection, but this plan was out of date. The plan did not refer to both partners at the practice (only one partner) and it referred to the predecessor of the local Clinical Commissioning Group (CCG), the Primary Care Trust (PCT).

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritise safe, high quality and compassionate patient care. 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.

The provider was aware of but could not demonstrate how they complied with the requirements of the Duty of Candour. Although the partners encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents. When there was an unexpected or unintended safety incidents; the practice could not demonstrate how they gave affected people reasonable support, truthful information and a verbal and written apology. On the day of inspection, we saw no evidence that the practice had a specific policy in place to record when incidents occur and what the practice does to respond to these incidents.

There was a clear leadership structure in place and non-clinical staff felt supported by management. The inspection team noted that the two partners worked well together but there was evidence that at times the GP's seemed to work in isolation. The partners held surgery on different days during the week.

- Staff told us the practice held team meetings every three months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or during informal 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 by the practice.

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. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, following suggestions

Are services well-led?

Requires improvement 

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

from the PPG, the practice has installed new windows within the practice ensuring more natural light throughout the building including into the patients waiting room.

- The practice had gathered feedback from staff through ad-hoc discussions and staff meetings. Staff told us they

worked in an environment where they felt comfortable to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider failed to evidence competence in administering vaccines and conducting cervical screening.

The provider did not have adequate arrangements in place should there be a clinical or medical emergency at the practice, this included not all staff having basic life support training, lack of defibrillator and appropriate masks for use with oxygen held.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an established system to record compliance with NICE guidance.