

Dr Joseph

Quality Report

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Date of inspection visit: 7 July 2016
Date of publication: 05/12/2016

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?

Good



Are services effective?

Good



Are services caring?

Requires improvement



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 Joseph's practice on Thursday 7 July 2016. Overall, the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However not all staff had received training in fire safety and health and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patient outcomes were comparable to the national average.
- Although audits had been carried out, we saw no evidence that audits were driving continuous improvement to patient outcomes.
- Patients said they were treated with compassion, dignity and respect. However, they did not always feel they were listened to by clinical staff.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, they did say they wanted more female GP appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the practice manager.
- The practice proactively sought feedback from staff and patients; however, the registered manager did not always take the results of these seriously or act on them.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure effective governance arrangements are implemented, including systems for assessing and monitoring risks to patients and acting on feedback to continually improve services.
- Implement a programme of quality improvement including audits to show improvements in patient outcomes.

The areas where the provider should make improvement are:

- Ensure there are effective systems in place to monitor and manage medicines and emergency equipment in the practice to keep patients safe.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.
- Ensure all staff receive and complete required training to carry out their roles effectively.

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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, with the exception of the management of medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff worked with other health care professionals but generally on an ad-hoc bases and record keeping was limited.
- Clinical audits were carried out however they did not demonstrate quality improvement.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all non-clinical staff had received mandatory training, although we saw that training for fire safety and health and safety had been booked for November 2016.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

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

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care provided by GPs and nurses. For example, 71% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt listened to by clinical staff.
- The practice had identified relatively few carers who might need extra support.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The GP partners had a vision to provide good, personalised care. However, they did not have a strategy and not all staff were aware of this and their responsibilities in relation to it.
- We saw that the practice team and the practice manager encouraged feedback from patients, the public and staff; however, we found that concerns raised were not always taken seriously or acted on by the lead GP.
- The governance framework was not effective and therefore did not support the delivery of good quality care.
- There was a clear leadership structure and staff felt supported by the practice manager.

Requires improvement



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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 caring well-led and good for safe, effective and responsive. The issues identified as requires improvement 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.

Requires improvement



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management; however, there were no systems to identify patients at risk of hospital admission as a priority.
- Performance for diabetes related indicators was lower than the national average. For example, 55% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 74% for CCG average and 78% for national average.
- All these patients had a named GP. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.
- Longer appointments and home visits were available when needed.

Requires improvement



Families, children and young people

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

- We did not see examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Summary of findings

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 82%. However, the practice's exception reporting was 14% for this indicator, which was higher than the CCG average of 5% and national average of 6%.
- Immunisation rates were comparable to CCG and national averages for all standard childhood immunisations.
- Appointments were available outside of school hours.
- 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.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for effective and caring and good for safe, responsive and well led. The issues identified as requires improvement 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 offered extended hours on Mondays until 8.00pm and online services were available for ordering of repeat prescriptions and appointment bookings.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective and caring and good for safe, responsive and well led. The issues identified as requires improvement 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 patients with a learning disability.
- 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 effective and caring and good for safe, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- Seven out of nine patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was similar to the national average. For example, eight out of nine patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 92% for CCG average and 88% for national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice did not work with multi-disciplinary teams in the case management of patients experiencing poor mental health or those with dementia.
- The practice did not have a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing below local and national averages. Three-hundred and seventeen survey forms were distributed and 97 were returned. This represented 3.5% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 65% 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%.

- 54% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 36% 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%.

We spoke with one member of the patient participation group (PPG) and 20 patients on the day of inspection. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients said that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **MUST** take to improve

- Ensure effective governance arrangements are implemented, including systems for assessing and monitoring risks to patients and acting on feedback to continually improve services.
- Implement a programme of quality improvement including audits to show improvements in patient outcomes.

Action the service **SHOULD** take to improve

- Ensure there are effective systems in place to monitor and manage medicines and emergency equipment in the practice to keep patients safe.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.
- Ensure all staff receive and complete required training to carry out their roles effectively.

Dr Joseph

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 Expert by Experience.

Background to Dr Joseph

Dr Joseph's practice on 42 Chase Cross Road provides GP primary medical services to approximately 2,759 patients living in the London Borough of Havering. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services.

The practice has one female and one male GP partners and one locum GP, providing nine GP sessions a week. The practice employs one female nurse providing two nursing sessions per week. There is one practice manager and four administration and reception staff.

The practice was open between 8.30am to 1pm in the morning and 4pm to 6.30pm, Monday to Friday, with the exception of Wednesdays, when the practice closed at 12pm. The practice telephone lines were open between 8.30am to 12.30pm in the mornings and 2.30pm to 6.30pm in the evenings. Appointments were from 9.30am to 11.30am every morning and 5pm to 6.30pm daily. Extended hours appointments were offered every Mondays between 6.30pm and 8pm. When the practice telephone lines were closed, these were diverted to the out of hour's providers.

Information taken from the Public Health England practice age distribution shows the population distribution of the

practice was similar to that of other practices in CCG. The life expectancy of male patients was 79 years, which was the same as the CCG and national average. The female life expectancy at the practice was 84 years, which is the same as the CCG average and one year higher than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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.

Dr Joseph's practice was not inspected under the previous inspection regime.

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 7 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (practice manager, reception team and GPs) 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.

- 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 and truthful information.
- When discussing significant events with the staff in the practice, they were able to identify other events, which had not been recorded. It was evident that staff's interpretation of significant events was only related to clinical aspects and non-clinical significant events were not documented, although staff told us they were discussed with the whole team. For example, staff told us that the practice computer system was down for 24 hours and this disrupted the daily running of the practice. Although, this was not documented, staff we spoke with on the day of inspection were able to describe the same learning outcomes that had been identified.

We reviewed the minutes of a meeting where a significant event was discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a sample bottle had been sent to the laboratory for testing however, the label was incomplete and therefore the test could not be conducted. The practice implemented a second check policy where all sample bottles were checked by a second member of staff before they were stored for collection.

Overview of safety systems and processes

The practice had clearly 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. 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 safeguarding flowchart in the consultations rooms. 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 were able to locate the safeguarding policy and safeguarding flow charts to enable them to alert the appropriate leads internally and externally. However, non-clinical staff had not received training on safeguarding children or vulnerable adults relevant to their role. Since inspection, we have seen evidence of non-clinical staff completing safeguarding training relevant to their roles immediately after our inspection. GPs were trained to child protection or child safeguarding level 3 and the nurse to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. 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 practice nurse was responsible for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we found a number of medicines were out of date and stored in the nurses room, which had not been correctly disposed of. Since inspection, we have seen evidence of these items being disposed of and clinical waste being stored in a lockable cupboard immediately after our inspection. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out medicines audits,

Are services safe?

with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- 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.

Monitoring risks to patients

Risks to patients were 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. 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 had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. On the day of inspection we found that there was oxygen available however this had expired in 2014. Since inspection, we have seen evidence of a new oxygen tank in the practice with adult and children mask. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in the lead GPs room and all staff knew of their location. All these medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.

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 92.2% of the total number of points available. (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 2014/15 showed:

- Performance for diabetes related indicators was lower than the national average. For example, 55% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 74% for CCG average and 78% for national average.
- Performance for mental health related indicators was similar to the national average. For example, eight out of nine patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 92% for CCG average and 88% for national average.
- Performance for dementia related indicators was comparable to the national average. For example, seven out of nine patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 86% for CCG average and 84% for national averages.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed two cycle audits. However, neither audit demonstrated any need for improvements nor was there evidence of implementing or monitoring change to practice as a result of these audits.
- For example, findings from one of the audits, on the different types of antibiotics used in the treatment of urinary tract infections, showed that the practice were following the appropriate guidance and that treatment was successful in patients in both cycles.
- The GP attends local protected time initiatives regularly, however there was no structured peer review in place and the practice could not demonstrate how they networked or used benchmarking with other neighbouring practices to demonstrate they were sharing best practice.

Effective staffing

Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a documented induction programme for newly appointed staff. However, we saw that clinical staff had completed all mandatory training, including safeguarding and infection control. We saw that all staff had been booked for a one-day fire safety and health and safety training on 28 November 2016. All staff had had received basic life support training in the last 12 months.
- 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 attending update meetings at the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff said that they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

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 carried out by the community teams, 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.
- The practice did not have systems in place to follow up referrals. For example, the practice made two-week urgent referrals however; there were no systems to follow up if the hospitals had received the referral. The practice relied on the patient to inform them if they did not receive their appointment before following this up.
- The GPs did not have systems in place to monitor patients who underwent unplanned admissions to hospital.

Consent to care and treatment

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

- GP's understood the relevant consent and decision-making requirements of legislation and guidance; however clinical staff had not completed training on the Mental Capacity Act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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, 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 79%, which was comparable to the CCG average of 82% and the national average of 82%. However, the practice exception reporting was 14% for this indicator, which was higher than the CCG average of 5% and national average of 6%. 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59% to 89% and five year olds from 68% to 89%.

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.

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 spoke with one member of the patient participation group (PPG) and 20 patients on the day of inspection. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients said 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 lower than the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 52% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 54% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 71% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 43% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 70% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

- 68% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 91% and national average of 92%.
- 67% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 36% of patients stated that they would definitely or probably recommend this GP surgery to someone new in the local area compared to the CCG average of 70% and the national average of 80%

On the day of inspection the lead GP's explanations for the poor results were not adequate and failed to show an understanding of the issues. Four patients we spoke to on the day of inspection, told us that the lead GP was not good at listening to them and did not ask enough questions before making a decision or diagnosis and therefore they did not have confidence or trust in the GP. However, 15 out of 20 patients we spoke to on the day of inspection told us that the nurse was good at listening to them and overall they all felt that the GPs and nurses treated them with care and concern. Since inspection, the practice have provided us with unverified data taken from March 2016 NHS Friends and Family Test showing that a small sample of 23 patients were likely or extremely likely to recommend this GP surgery.

All patients we spoke with on the day of inspection said the reception staff and practice manager were caring and helpful, which supported the results from the national GP patient survey:

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Most 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.

Results from the national GP patient survey did not align with what the majority of patients told us on the day of inspection about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages. For example:

Are services caring?

- 58% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 46% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 70% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 65% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Since inspection, the practice has carried out a random in house survey to monitor patient feedback about their consultation with the GPs and nurse. The questionnaire consists of 13 questions, covering questions on given enough time in consultations, if they were able to express all their concerns, if they felt listened to and if the clinician explained any treatment or tests. The small survey carried out in August 2016 showed that approximately 22% of people rated their last consultation with the GP as very good, 44% as good and 33% as fair. Results did not evidence improvements had been made to GP consultations.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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.

The practice had identified two patients as carers (0.07% of the practice list). The practice did not have a system to code carers on their computers and therefore did not know how many carers they had. Written information was available to direct carers to the various avenues of support available to them. The practice informed us that they knew all their patients well and knew which patients had carers. But in most cases found that the carer was not registered at their practice.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening between 6.30pm and 8.00pm for working patients who could not attend during normal opening hours.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available; however, there was no hearing loop for people with hearing difficulties.
- A female GP with specialist interest in gynaecology was available every Wednesday morning.
- The practice have an in house stop smoking service.
- Nurse appointments were available every Thursday between 3.00pm to 6.30pm and Friday between 9.00am and 1.00pm.

Access to the service

The practice was open between 8.30am to 1pm in the morning and 4pm to 6.30pm, Monday to Friday, with the exception of Wednesdays, when the practice closed at 12pm. The practice telephone lines were open between 8.30am to 12.30pm in the mornings and 2.30pm to 6.30pm in the evenings. Appointments were from 9.30am to 11.30am every morning and 5pm to 6.30pm daily. Extended hours appointments were offered every Mondays between 6.30pm and 8pm. When the practice telephone lines were closed, these were diverted to the out of hours providers. In

addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them on the day.

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

- 65% of patients were satisfied with the practice's opening hours, which was lower than the national average of 79%.
- 76% of patients said they could get through easily to the practice by phone, which was comparable to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and they could usually get through to someone at the practice on the phone quickly. Six patients told us that they would prefer longer opening times in the practice.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at one complaint received in the last 12 months and found it had been satisfactorily handled, dealt with in a timely way with openness and transparency. We saw that the practice manager regularly checked the feedback and suggestions box in the waiting area and discussed these

Are services responsive to people's needs? (for example, to feedback?)

with the practice team. We saw that a few patients had verbally queried about patient parking and therefore the staff avoided parking in front of the practice to allow for more parking facility for patients.

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 lead GP had a vision to deliver personalised, good quality care for patients; however, this was not well developed or disseminated to the practice team.

- The practice did not have a mission statement and staff did not understand the values.
- The practice did not have a strategy and supporting business plan.

Governance arrangements

The practice did not have an effective governance framework to deliver good quality care and improvements needed to be made.

- A comprehensive understanding of the performance of the practice was maintained through practice meetings and ad-hoc discussions. However, QOF for diabetes indicators remained lower than the CCG and national averages and actions taken to address low patient satisfaction with GP and nurse consultations and access to the practice still remained low with no improvement.
- Effective arrangements were not in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was no quality improvement programme in place including clinical and internal auditing used to monitor quality and to make improvements.
- The systems in place to monitor staff training were not effective and staff did not always receive update training within expected timescales.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.

Leadership and culture

The GP partners told us they prioritised safe and compassionate care. Staff told us that they felt supported by the practice manager.

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 systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by the practice manager.

- Staff told us the practice held practice meetings every two months.
- 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 practice manager. All staff were involved in discussions about how to run and develop the practice, and the practice manager 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

Although the practice manager encouraged feedback from patients, the public and staff, we saw that concerns raised were not always taken seriously or acted on by the lead GP.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year and submitted proposals for improvements to the practice management team. For example, one member of the PPG told us that they had suggested more nursing sessions to be made available and the practice management team informed us that they were working towards increasing nursing sessions. PPG also told us that they had requested more appointments with the female GP; however, the practice were not able to accommodate this.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Requires improvement 

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

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided.</p> <p>They failed to seek and act on feedback from patients and staff for the purpose of continually evaluating and improving services.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>