

# Dr Robertson and Partners

## 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?

Good



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 Robertson and Partners on 26 February 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It is also rated as requires improvement for older people, people with long term conditions, families children and young people, working age people, people whose circumstances may make them vulnerable, people experiencing poor mental health.

The practice is rated as good for providing an effective, caring, and responsive service. Our key findings across all the areas that we inspected are as follows:

- Staff understood their responsibilities to raise concerns and this information was recorded, monitored, reviewed and addressed.
- Appropriate procedures relating to the management of medicines were not always in place.

- Data showed patient outcomes were average for the locality and audits had been carried out.
- Most patients said that they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. However, the complaints policy was not always followed by staff.
- Urgent appointments were usually available, but patients said that they sometimes had to wait one to two weeks for non urgent appointments with a preferred GP.
- Processes for assessing and monitoring risks to patient safety were not always satisfactory.

The areas where the provider must make improvements are:

- The practice must ensure medicines and related stationary are safely managed and appropriate records kept.

# Summary of findings

- The practice must ensure that there are systems to identify, assess, and manage risks relating to the health, welfare, and safety of patients, and others who may be at risk.

**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?

This practice is rated as requires improvement for providing safe services and improvements must be made. Staff understood their responsibilities to raise concerns. The practice reviewed when things went wrong and lessons were learnt. Although, some 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. For example, areas of concern were found relating to medicines management.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Patients' needs were assessed and care was planned and delivered. This included assessing capacity and promoting good health. Staff described having appraisals and being supported to undertake training and professional development. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice as the same as others for several aspects of care. Most patients that we spoke with said that they were treated with kindness and respect and were involved with decisions about their care and treatment. Staff described measures to maintain confidentiality. However, there was a risk that patient information and notes were not always stored or transmitted securely.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients said that they could make an appointment with a preferred GP, but there could be a one to two week wait. Urgent appointments were available with the duty GP. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available. However, on some occasions the practice did not follow the policy for recording, responding to, and analysing concerns and complaints.

Good



### Are services well-led?

The practice is rated as requires improvement for being well led. It had a vision and values and plans for future development. There was a leadership structure and staff described being supported by management. Systems for assessing, monitoring and managing

Requires improvement



# Summary of findings

risks relating to medicines, emergency procedures, health and safety, and complaints were not always implemented well enough. The practice proactively sought feedback from patients and had an active patient reference group.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. There were not always adequate systems in place to ensure the safety and welfare of patients using the service.

Older patients had a named GP who oversaw their health needs. GPs conducted home visits and visits to nursing homes to enable patients who had difficulty accessing the practice receive treatment. Monitored Dosage Systems were offered to those dispensing patients where the practice had identified that the patient would benefit from the system. Dispensing patients could have their medicines delivered to their home. The practice worked with multidisciplinary teams to provide services for patients with palliative care needs. We also saw that the practice provided information and advice about services relevant to the needs of older adults.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of patients with long term conditions. There were not always adequate systems in place to ensure the safety and welfare of patients using the service.

GPs and nursing staff had lead roles in chronic disease management. Patients with chronic diseases were reviewed at regular intervals. Referrals were made to secondary services if required and information was provided relating to health promotion. Audits in relation to long term conditions had taken place. The practice worked with multidisciplinary teams to meet the needs of people with long term conditions.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children, and young people. There were not always adequate systems in place to ensure the safety and welfare of patients using the service.

There was a GP safeguarding lead who served as a point of contact where safeguarding concerns were present. We saw that childhood immunisation rates and flu vaccination rates for children were in line with rates for the clinical commissioning group. The premises were suitable for children and babies. There were arrangements in place for working with midwives and health visitors. The practice displayed information to promote the welfare of families, children and young patients in the waiting room.

**Requires improvement**



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working age patients (including those recently retired and students). There were not always adequate systems in place to ensure the safety and welfare of patients using the service.

The practice offered online services to make appointments and telephone consultations. Repeat prescriptions could be requested via the practice web page, email, fax, post or by hand. It also offered health promotion and treatment that reflected the needs of this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. There were not always adequate systems in place to ensure the safety and welfare of patients using the service.

The practice kept a register of patients with learning disabilities. We were told that these patients were recalled for yearly health checks. There was a safeguarding lead for the practice who served as a point of contact if safeguarding concerns arose. Staff understood the process of assessing mental capacity and seeking consent. Patients with visual difficulties could request repeat prescriptions over the telephone. Dispensing patients could have their medicines delivered to their home.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia). There were not always adequate systems in place to ensure the safety and welfare of patients using the service.

The practice kept a register of patients with dementia and patients were recalled for annual health checks. The practice provided information about how patients with poor mental health could access various support groups and voluntary organisations. There was also a counsellor working at the practice. Staff held regular meetings with mental health professionals to ensure that the needs of patients with mental health difficulties were met. Different Monitored Dosage Systems could be evaluated to see if they were suitable for patients. Prescriptions and dispensed medicines could be issued for durations of one week rather than one month when appropriate.

**Requires improvement**



# Summary of findings

## What people who use the service say

Patient feedback from the national GP survey in July 2014 showed 84% of 252 patients rated their overall experience of the practice as good or very good. Seventy five per cent of patients would recommend the practice to friends or relatives. These achievements were slightly lower than the national averages.

We spoke with ten patients during the inspection and received eight comments cards. Patients made positive comments about a number of aspects of the practice. Patients told us that when the practice had referred them to other services this had occurred promptly. They also said that they were sent reminders for reviews and check-ups and that the online and paper systems for

requesting repeat prescriptions worked well. Patient comments about systems for booking appointments were mixed. Some patients said it could be difficult to get through to the practice on the telephone in the mornings and to make an appointment at a suitable time. Patients felt that nurses and GPs explained treatments clearly and sought consent before these were provided. The majority of patients told us that they felt that they had enough time during appointments with GPs and nurses. Some patients were positive about the attitudes of staff members, but others reported less positive experiences. Patients told us that they thought the practice was clean

## Areas for improvement

### Action the service MUST take to improve

- The practice must ensure medicines and related stationary are safely managed and appropriate records kept.
- The practice must ensure that there are systems to identify, assess, and manage risks relating to the health, welfare, and safety of patients, and others who may be at risk.



# Dr Robertson and Partners

## 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, a CQC pharmacist inspector, a specialist in practice management, and a specialist in practice nursing.

## Background to Dr Robertson and Partners

Dr Robertson and Partners (also known as Marcham Road Family Health Centre) provides medical services to approximately 12164 patients. Care and treatment is delivered by six GP partners and two salaried GPs. Three GPs are male and five are female. There are also three nurses, and healthcare assistants and dispensary staff. They are supported by a practice manager, a deputy practice manager, and other reception and administrative staff. The practice is accredited to provide training for trainee GPs.

The practice was previously inspected by CQC on 15 July 2014. At this time it was judged that the essential standards of quality and safety were not being met in relation to infection control. The inspection report stated that, 'patients who used services, staff and others were not protected against identifiable risks of acquiring infection by the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of healthcare associated infection'.

In the last inspection report a number of other recommendations were also made relating to the complaints system, the system for calling patients into appointments, availability of translation and signing

support services, procedures for following up on safety alerts, security of prescription templates for the printer, completion of audit cycles, and provision of information about opening hours, appointment times and how to access out of hours services.

The CQC intelligent monitoring did not provide a banding for the practice as it had been inspected previously. We visited Marcham Road Family Health Centre, Marcham Road, Abingdon, Oxfordshire, OX14 1BT.

The practice does not provide out of hours primary medical services for patients. Outside surgery hours patients are able to access care at Abingdon Hospital which is located next to the practice.

## Why we carried out this inspection

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

This provider had been inspected before and the previous inspection found that the practice was not meeting all the essential standards of quality and safety. Therefore, the current inspection also took place in order to follow up on the areas highlighted in the last inspection. 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 February 2015. During our visit we spoke with a range of staff. These included GPs, nurses, dispensary staff, practice managers, and administration staff. We also spoke with patients who used the service. We observed how people were being cared for and reviewed treatment records of patients.

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

- Is it safe?

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

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

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

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety, such as reported incidents, safety alerts, and complaints received from patients. For example, we saw that dispensing errors identified at the final checking stage or after collection were recorded, investigated, discussed and systems were changed to reduce the risk of further errors.

We reviewed records of significant events and complaints for the past year. These showed that the practice had managed these consistently over time and so could show some evidence of a safe track record. However, we observed that some safety concerns were not consistently monitored and not all necessary actions took place. For example, some risks relating to medicines and emergency procedures were not always monitored and managed.

### Learning and improving from safety incidents

The practice had a system in place for reporting, recording, and monitoring significant events. There were records of significant events that had occurred during the last year and we were able to review these. We noted that action plans described in the records were sometimes brief and had no dates.

A GPs meeting was held every three months to discuss actions from significant events and complaints. We were informed that nurses and dispensary staff did not attend these meetings, but that the practice manager or another relevant staff member may speak to these staff groups separately. We were unable to see detailed minutes of these meetings or discussions on the day of the inspection.

There was evidence that the practice had learned from significant events. For example, records showed three occasions between November and December 2014 where incorrect and out of date vaccines were given. Nurses told us that they were now more vigilant about checking expiry vaccines before these were given.

The practice manager told us that they followed the practice policy on sharing and acting on medical device alerts, medicine alerts, and safety alerts. This stated that the practice manager would disseminate information about alerts by email to relevant practice staff. For

example, we found that medicines recalls were received in the dispensary via two separate communication routes and acted on by dispensary staff, who also recorded the actions taken.

The practice manager told us that the policy was that GP partners would acknowledge receipt of safety alert information via email. The practice manager would then collate all emails once a week and ensure that relevant actions have been taken. However, it was not clear whether there was a system for the practice manager to confirm that other staff had carried out necessary actions.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people, and adults. We reviewed a table of training dates and this stated that all GPs had undertaken level three safeguarding training in 2014 and all nurses had undertaken level two safeguarding training in 2014.

The records showed that the practice manager, deputy practice manager, dispensary staff, healthcare assistants, and administrative staff had undertaken level one safeguarding training in March 2012. We spoke with a member of reception staff and they confirmed that they had last undertaken safeguarding training a number of years ago. The staff member recognised signs of potential abuse and told us that they would report any concerns to the manager or safeguarding lead. There was a safeguarding policy and GPs, nurses, practice management staff, and reception staff were aware of this and where it could be located.

The practice had appointed a dedicated GP as safeguarding lead. They held a list of patients where safeguarding was of concern. We were told that the safeguarding lead monitored this register. Staff we spoke with were aware of who the safeguarding lead was and who to speak with in the practice if they had a safeguarding concern.

Information about the chaperone policy was displayed in the practice (A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure). The nurses we spoke with said that they did not have any formal chaperone training and did not know how to access

## Are services safe?

the practice's full chaperone policy. Nursing staff understood their responsibilities when acting as chaperones, including where to stand and the importance of maintaining dignity, privacy, and confidentiality.

We reviewed the chaperone policy for the practice. This indicated that non clinical members of staff could act as chaperones. However, there was no information in the policy about staff training or checks that should be undertaken before staff could act as chaperones. GPs told us that non clinical staff did not act as chaperones and that the policy would be updated to reflect this.

### Medicines Management

We checked medicines stored in the dispensary and treatment rooms and found they were not all stored securely. Whilst practice staff monitored the current refrigerator storage temperatures. Processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking and rotating short dated stock. Expired and unwanted medicines were not disposed of in line with waste regulations.

Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance and we saw up to date copies. However, the PGDs had not been authorised by the practice for use.

Staff explained how the repeat prescribing system was operated. For example, how staff generated prescriptions, monitored for over and under use and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. Staff told us that high risk medicines were not "on repeat" and when requested, a GP would generate the prescription, if appropriate. GPs described restricting high risk medicines and gave an example of one patient whose notes had a warning flag placed on them and the patient received weekly prescriptions.

All prescriptions were reviewed and signed by a GP before medicines were given to the patient. Blank hand written prescription forms were not handled in accordance with

national guidance, as these were not tracked through the practice or kept securely at all times. Secure storage of blank prescriptions was highlighted as an area for improvement at the last CQC inspection.

The practice held stocks of controlled drugs (CD) (medicines that require extra checks and special storage arrangements because of their potential for misuse). For example, controlled drugs were stored in dedicated cupboards or safes, access to them was restricted and the keys held securely. However, the CD records were not in agreement with the stock we found in two of the CD cupboards. There were arrangements in place for the destruction of controlled drugs.

The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

### Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control.

The practice had a nurse lead for infection control. We were told that staff had in house infection control training in October 2014. An infection control audit had taken place on 17 October 2014 which identified a number of areas for change, such as clinical staff not wearing watches and rings, staff receiving updates on infection control guidelines, removal of inappropriate items from treatment rooms. We saw that a repeat audit had been conducted on 26 November 2014 and the results indicated that these issues had been addressed.

We saw an infection control policy dated 26 November 2014 which was available for staff to refer to on the practice's shared computer drive. This enabled staff to plan and implement measures to control infection. Two GPs and one trainee GP that we spoke with were not aware of the infection control policy. The provision of information to staff about infection control was highlighted at the last CQC inspection.

There was information available for staff about how to treat a needle stick injury and the nursing staff we spoke with

## Are services safe?

were aware of how to manage this type of injury. Most GPs, nurses and reception staff were aware of where body fluid spillage kits were stored. Nurses and receptionists told us that nurses were responsible for using these if needed.

Notices about hand washing were displayed around the practice. Hand washing sinks with hand soap, hand gel, and paper towels were available in treatment rooms. We saw that toilets were clean and tidy with appropriate hand washing facilities available.

Examination beds had paper coverings available to promote hygiene. We saw that antibacterial wipes were available to clean beds and surfaces. Equipment was cleaned between patients, such as oxygen monitors and blood pressure cuffs. Treatment rooms had disposable curtains that had been changed in January 2015.

We saw that foot operated bins with correctly coloured bags were available inside the practice for clinical waste. Staff showed us that yellow bags containing clinical waste were then placed outside in a locked yellow bin marked clinical waste and said an external contractor came and disposed of these. However, we saw that blue bags of confidential waste paper were also placed in the same bin. Appropriate segregation of waste was not taking place.

Legionella is a bacterium that can grow in contaminated water and can be potentially fatal. The practice manager told us that no legionella risk assessment that had been conducted. The practice had not taken necessary steps to assess and reduce the risk of infection to staff and patients.

We reviewed a table developed by the practice and saw that hepatitis B status was not recorded for one GP, three trainee GPs, and two members of nursing staff. No information about hepatitis B status was included for the practice manager, deputy practice manager, dispensary staff, or administrative staff. It was unclear whether this information had been collected for staff as part of pre-employment checks to manage risks of occupational exposure.

### Equipment

Staff told us that equipment was tested and maintained regularly and we saw equipment maintenance logs which confirmed this. For example, we saw that scales and ear

syringe machines had been checked in December 2014. Portable electrical equipment had been tested in November 2014 and reports showed that equipment had passed checks.

### Staffing and recruitment

Recruitment checks had taken place prior to staff employment. For example, the practice manager explained that information was obtained relating to registration with the appropriate professional body, proof of identity, previous training, and criminal records checks through the Disclosure and Barring Service (DBS). The practice manager told us that DBS applications had been made for two new nurses who were working at the practice. She explained that these nurses had undergone criminal records checks in 2009 and 2013 at previous places of employment. The practice had a recruitment policy which set out the standards it followed when recruiting staff.

Staff told us that in the case of staff absences locums would provide cover and that locums were given an induction pack containing relevant information.

### Monitoring safety and responding to risk

The practice had some systems, processes, and policies in place to manage and monitor risks to patients, staff, and visitors to the practice. However, some of the systems for monitoring and responding to risks did not always operate in a satisfactory way. For example, risks relating to medicines, health and safety, and emergency procedures were not always monitored and managed.

The practice manager told us that they were the lead for health and safety, but that they had not received training in health and safety. A health and safety risk assessment had been completed but no control measures were recorded. Electrical safety checks for the building had last been done in February 2009 and it was reported that these were now overdue. In addition, there were no display screen equipment risk assessments for staff or risk assessment for the use of liquid nitrogen.

### Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. Records showed that most staff had undertaken training in emergency first aid in the past year. However, there were no dates recorded for one GP, three

## Are services safe?

trainee GPs, and one member of administrative staff. The practice manager told us that the GP and administrative staff members had booked to have this training with another provider.

Emergency equipment was available, including access to oxygen and a defibrillator (used to attempt to restart someone's heart in an emergency). We saw records which confirmed that emergency equipment had been checked in December 2014.

Emergency medicines were available in secure areas of the practice and "doctors bags"; staff knew of the locations. Processes were also in place to check emergency medicines were within their expiry date and suitable for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice.

There were not sufficient procedures to assess and manage risks in the event of a fire. The practice manager was unable to locate the fire risk assessment on the day of the inspection. The practice manager told us that staff had received informal fire safety training. The practice manager could not provide us with a written fire evacuation plan and they were not able to show us any records of a recent fire drill. .



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff that we spoke with could outline their rationale for their approaches to assessment and treatment. Nurses showed us a number of computer templates that they accessed as part of their role. These provided nurses with frameworks to assess and review various health conditions and treatments, such as diabetes, asthma, contraceptive pill checks, and smoking cessation. The GPs and nurses that we spoke with completed thorough assessments of patients' needs and these were reviewed where appropriate.

GPs told us that the practice led in specialist clinical areas, such as diabetes, palliative care, and family planning and the nurses supported this work where appropriate, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us that they sought advice from one another and this allowed them to review their practice and provide patients with appropriate treatment.

### Management, monitoring, and improving outcomes for people

Staff had key roles in monitoring and improving outcomes for patients. GPs showed us that a number of clinical audits had been undertaken. For example, an osteoporosis audit had taken place and the results had led to changes in policy and clinical practice. We also saw audits for diabetes and rheumatoid arthritis conducted by GPs. Nurses that we spoke with told us that they had not recently undertaken any clinical audits.

The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. QOF is a voluntary incentive scheme for GPs in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. For example, the practice maintained a register of all patients with palliative care needs and patients on the register were discussed by the multidisciplinary team monthly. The practice was not an outlier for any QOF clinical targets. The practice achieved 99.7% of the QOF points available and all clinical indicator achievements were above the CCG and national averages.

### Effective staffing

Practice staffing included medical, nursing, managerial, and administrative staff. We saw a training matrix which indicated that some staff members had undertaken mandatory training, including basic life support and safeguarding. The practice manager told us that staff had undertaken infection control training in 2014. We were also told that staff had training in confidentiality and fire safety.

All GPs had been revalidated and had appraisals. Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England.

Staff that we spoke with undertook annual appraisals that identified learning needs. Our interviews with staff confirmed that the practice was supportive of staff attending courses, for example GPs told us that they attended external training courses. GPs and nurses told us that they had mentor at the practice to support their learning. However, we were told that there were no formal supervision arrangements in place for nurses.

GPs told us that there were regular team meetings with internal teaching presentations. They also said that there were monthly meetings where an external speaker may provide teaching. Nurses told us that they attended these meetings where the topic was relevant. However, there were no regular meetings for nursing staff.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. GPs told us that they received blood test results, X ray results, and information from the local hospital and out of hours service. We were told that when information was received by the practice, administrative staff identified any urgent actions and put them on a reminder page for the GPs to action that morning. We were told that routine communications were read by GPs later in the day.

The practice held monthly multidisciplinary meetings to discuss the needs of complex patients, for example patients with palliative care needs. Staff told us meetings took place in alternative months to discuss the needs of

# Are services effective?

## (for example, treatment is effective)

patients with mental health difficulties. These various meetings were attended by palliative care nurses, district nurses, health visitors, and professionals from the community mental health team.

### Information sharing

The practice used electronic and paper systems to communicate with other providers. Choose and book is a national electronic referral service which gives patients a choice of place, date, and time for outpatient appointments in hospital. Clinical staff said that the choose and book system was used to make such referrals.

We saw referral templates for patients with potentially serious conditions who should be seen within two weeks. GPs said that referrals were made electronically where possible, but that forms were sent by post where electronic facilities were not available. We saw that the practice promptly received patient information through the post and by fax from other healthcare providers.

One GP told us that he would take photos on a mobile phone and email these to a dermatology consultant in order to seek advice. The GP told us that they would delete the photo on the phone immediately after this. However, it was unclear how secure and confidential this process was.

### Consent to care and treatment

Staff that we spoke with were aware of the Mental Capacity Act and of Gillick competencies. Gillick competencies are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Staff demonstrated awareness of the importance of seeking informed consent before providing treatment or carrying out any procedure. For example, GPs reported awareness of the need to assess Gillick competencies for young people under the age of 16 when discussing contraception as well as general health.

### Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support, and it was proactive in offering additional help. For example, the practice kept a register of patients with learning disabilities. We were told that these patients were recalled for yearly health checks.

The practice kept a register of patients with dementia and GPs told us that patients were recalled for annual health checks. QOF data indicated that the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months was higher than the national average (85.2%).

Practice staff told us that they kept a register of patients with mental health difficulties and that these patients were prompted to attend for health checks every nine months. QOF data showed that the percentage of patients with mental health difficulties who had a care plan documented in the records in the preceding 12 months was in line with the national average.

The practice also offered nurse led clinics for smoking cessation, weight management, and diabetes. The practice's performance for cervical smear uptake for women aged between 25 and 65 was higher than the national average. We were told that the practice offered a cervical screening programme and also offered screening for chlamydia in patients aged 15 to 24.

The practice offered a full range of NHS and private immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. We saw that immunisation rates for children were in line with rates for the Clinical Commissioning Group (CCG). QOF data showed that figures for flu vaccinations for vulnerable children and adults, and adults over 65 were in line with the national average.

We observed that in the waiting area information was displayed supporting patients to lead healthier lives. For example, we saw posters providing advice and information about cancer, diabetes, smoking cessation, and exercise groups. We also saw information relating to carer support, mental health services, and support services for patients with post natal depression. We saw information displayed relating to children and families, such as advice about breastfeeding, and details of children's centres and groups. Information to promote good health and details of external support services was also present on the practice website. Therefore, patients were provided with information about treatment and services that they could access in order to promote health and wellbeing.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent information available for the practice on patient satisfaction. The results from the GP patient survey in 2014 showed that the majority of patients reported a positive overall experience at the practice. Eighty six per cent of patients stated that they were treated with care and concern by GPs and the figures were slightly higher than the national average. The percentage of patients (84%) who reported that they felt treated with care and concern by the nurses was higher than the national average.

Patients completed CQC comments cards to tell us what they thought about the practice. We received eight completed comments cards and all indicated that patients felt treated in a kind and friendly manner. We spoke with ten patients at the practice and feedback was mixed. Seven patients reported that staff were caring, respectful, and compassionate. However, three others indicated that on some occasion's patient interactions with GPs, nurses, and reception staff had not been positive.

Consultations were conducted in consulting rooms and doors were closed during consultations to ensure patient's privacy and confidentiality. The reception desk was situated separately to the waiting area. This helped to ensure that patient discussions with reception staff were private. We spoke with one member of reception staff and they described using appropriate telephone procedures to ensure confidentiality was protected.

Patient ratings in the GP patient survey 2014 indicated that rates of patient satisfaction for confidentiality in the practice were in line with the national average. Twenty two per cent of patients in the national GP survey stated they could be overheard at the reception desk and they were not happy about this. All patients that we spoke with on the day of the inspection told us that the practice respected their privacy and confidentiality.

There was information on the practice website stating the practice's zero tolerance for abusive behaviour. A member of the reception staff told us that receptionists had received recent training on how to manage difficult or abusive interactions from patients. They said that they felt well

supported by the practice manager if difficult situations arose with patients. We saw minutes of a recent staff meeting which referred to this training being provided for receptionists.

### **Care planning and involvement in decisions about care and treatment**

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, data from the GP patient survey in 2014 showed that the proportion of patients that felt that the GPs (78%) and nurses (61%) involved them in making decisions about their care and treatment were slightly below with the national average. The ten patients that we spoke with said that they felt that nurses (76%) and GPs (79%) explained treatments and sought consent before these were provided.

Staff told us that translation services were available and that these were used to help make appointments and hold consultations with patients. The practice had put links on their website to information leaflets in different languages. However, it was not possible to access these. Therefore, patients speaking different languages may have been unable to access this information.

Reception staff told us that there was a hearing loop available in reception and there were signs asking patients with hearing difficulties to make staff aware so that GPs could be made aware and they could be supported during consultations.

### **Patient / carer support to cope emotionally with care and treatment**

The comment cards that we received indicated that patients felt treated with care and compassion. Seven of the patients that we spoke with on the day of the inspection said that they felt treated with kindness by staff. However, three patients indicated that they had found interactions with some staff members unsupportive and rushed.

Notices and leaflets were displayed in the waiting area telling patients about how to access support organisations, including mental health services and support services for

## Are services caring?

carers. The practice website also contained information and contact details for external organisations to support patients experiencing difficulties relating to mental health and bereavement.

The practice had made links with external services to provide support for patients with emotional difficulties. GPs told us that they had regular meetings with the mental

health team to discuss patients' needs. GPs also described providing patients with information about local mental health and drug and alcohol services if required. Staff told us that a counsellor worked at the practice and that referrals were made to this service. This service was not advertised on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs. Systems were in place to address identified needs in the way services were delivered.

The practice had made changes to the way that delivered services in response to feedback from the Patient Participation Group (PPG). A member of the PPG told us that the group met every two months with the practice to discuss ideas and suggestions. They told us that the practice acted on recommendations made by patients. For example, we saw from the PPG report for 2014 a survey had been carried out seeking patients' views on a free barrier being put in place in the car park. The practice had then introduced this system following positive feedback from patients.

In the reception area we saw a suggestions box. However, there were no forms or pen near to the box. We spoke with members of reception staff and they said that they did not think that there had ever been any forms available for patients to use, but that patients could ask for blank paper and a pen from reception. Staff told us that they did not think that the box was used by patients to make suggestions.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in planning the service. Reception staff told us that if a patient had visual difficulties they would assist them as needed. There was a hearing loop available in reception and signs displayed around the reception area asking patients with hearing difficulties to make staff aware so that assistance could be provided. Reception staff told us that if a patient had hearing difficulties this was also flagged on the notes so that the GP was aware.

The practice had access to telephone translation services. Staff told us that these were used to assist patients when making appointments and during consultations. We saw on the practice website links to patient information leaflets in a range of different languages. However, these were not acceptable on the day of inspection. We did not see paper copies of these leaflets at the practice.

There was a loud speaker system for calling patients through to their appointments. However, there was no

visual system for alerting patients who may have difficulties hearing. This was raised as an area for consideration at the last CQC inspection. We saw from meeting minutes that the practice was awaiting an IT upgrade and planned to install a visual system for appointments after this had been done. Reception staff told us that if a patient did not hear their appointment being called then they would prompt the person so that they did not miss their appointment.

The practice was situated on the ground and first floors of the building with most services for patients on the ground floor. We saw that the waiting area was large enough to take into account the needs of patients with wheelchairs and prams and allowed for access to consultation rooms. We saw that there were disabled parking spaces in the car park close to the entrance of the practice and that the entrance to the building was accessible for patients using wheelchairs and with prams. Accessible toilets were available with baby changing facilities. There was a children's area in the waiting room with toys and books.

### Access to the service

The practice manager told us that the practice was open from 8.30 to 6.30pm each day and that there was an answering service available from 8am to 8.30am. They said that patient clinics were from 8.50am to 12pm and 2pm to 6pm each day. Consistent information about the opening hours of the practice was displayed in the practice and on the practice website. However, different information about appointment times was displayed on the website. The provision of information for patients about how to access the practice was highlighted as an area for consideration during the last CQC inspection.

Patients could book appointments at the surgery, over the telephone and electronically. The practice website provided information about how to make an appointment with the duty GP, how to arrange a home visit and how to cancel an appointment. Staff told us that the practice also offered pre-bookable telephone appointments. GPs told us that practice offered a clinic where patients who need to be seen and could not be accommodated by the duty GP were offered an appointment at the end of surgery.

Results from the national patient survey showed 75% of patients rated the experience of making an appointment as very good or good. This was higher than the national average of 67%.

# Are services responsive to people's needs?

(for example, to feedback?)

Nurses told us that ordinarily appointments with patients last for ten minutes. They said that the practice offered longer appointments to patients with long term health conditions, such as diabetes, if needed. The practice website provided information for patients about how to request longer appointment slots.

Receptionists told us that if a patient telephoned when the practice was closed a telephone message would give details about the out of hours service. The practice website contained information about how to contact out of hours services and how to seek emergency medical help.

Patient views about access to appointments were mixed. We reviewed results of the GP patient survey 2014. This showed that the majority of patients were positive about how easy it was to get through to the practice on the telephone. The survey also showed that the majority of patients were satisfied with the practice opening hours. These figures were in line with the national average.

We spoke with ten patients on the day of the inspection. Five were positive about the system for booking appointments. However, five told us that they found booking appointments on the phone and website difficult. Some said that they could experience problems getting through on the telephone in the morning to make appointments with the duty GP. Two patients said that they were dissatisfied with the flexibility of appointment times.

Patients told us that the wait to see a preferred GP at the practice was approximately one to two weeks and GPs confirmed this. Patients said that urgent appointments were available with different GPs if required. Two patients mentioned access to appointments on CQC comments cards. They both gave positive feedback and described being given appointments quickly when there was an urgent need.

Patients could request repeat prescriptions via the practice web page, email, fax, in person, by hand or by post. Patients with visual difficulties could telephone requests. Dispensing patients could request that their medicines were delivered.

## Listening and learning from concerns and complaints

All ten patients that we spoke with said that they would speak to practice staff if they wished to raise a concern or a complaint. Some patients had raised concerns previously and they told us that staff had listened, responded to concerns, and resolved these where possible. Reception staff told us that if a patient wished to raise a concern or make a complaint there were forms in the waiting area or if a verbal complaint was raised they would inform the practice manager. GPs and nurses that we spoke with were also aware of the complaints policy and how to enable patients to raise complaints.

We saw that information about the complaints procedure was displayed in the waiting area and on the practice website. Information was provided for patients about how to make a complaint and about external organisations to contact regarding complaints, such as advocacy services. However, no information was provided about the Health Service Ombudsman on the website, or in letters sent to patients in response to complaints.

We reviewed records of recent complaints and viewed the complaints policy. On some occasions that actions taken by the practice were not consistent with the policy. For example, the practice manager told us that more informal comments or concerns were not recorded or analysed as formal complaints. Some written complaints were not responded to in writing. In addition, the practice was not able to provide us with evidence of an annual review of complaints taking place on the day of the inspection. There was not a clear process for ensuring that all concerns and complaints were recorded and trends analysed in order that appropriate learning from these could take place.

Staff told us that information and learning from complaints was reviewed as part of significant events meetings attended by GPs. We were told that nurses and dispensary staff did not attend these meetings, but that the practice manager or another relevant staff member would speak with these staff groups separately.

# 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 vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and values were included as part of the practice's statement of purpose. The practice and values included offering a friendly, good quality service that was accessible to all patients, and to provide training to staff. GPs told us that the future vision and strategy of the practice was discussed with staff and that there were a number of plans for how the practice was preparing for the future.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the practice computers and in paper files. However, some staff members were not aware of relevant policies such as infection control.

There was a leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP was the lead for safeguarding. We spoke with GPs, nurses, and reception staff and they were all clear about their own roles and responsibilities. They told us that they felt well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed that it was performing in line with national standards. The practice had an ongoing system for clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, audits took place relating to infection control, diabetes, rheumatoid arthritis, and osteoporosis.

The practice had some arrangements for identifying, recording, and managing risks, but these were not always sufficient. For example, systems for assessing, monitoring and managing risks relating to medicines, emergency procedures, health and safety, and complaints were not always implemented.

### Leadership, openness and transparency

Staff told us that team meetings were held regularly. However, we noted that nursing staff were not routinely invited to clinical meetings with the GPs. Staff explained

that there was an open culture within the practice and they had the opportunity to raise issues at team meetings or on a one to one basis. We reviewed a number of policies, for example bullying and harassment, grievance procedure, which were available to support staff.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered patient views through complaints received. We saw that the practice had taken steps to respond to complaints and patients that we spoke with confirmed this. However, not all concerns and complaints were recorded and the complaints policy was not always followed.

There was a suggestions box in the waiting area but no forms were available and staff told us that patients did not use this box to provide feedback.

The practice had an active Patient Participation Group (PPG), which was recruiting for new members from different population groups. The PPG had carried out surveys and met every two months. The results and actions of the PPG survey were published on the practice website. The PPG confirmed that the practice listened to patients' views and acted on these where possible.

We spoke with a member of the PPG and they said that they were trying to increase the number of patients attending the PPG. They said that the PPG consisted of a group of patients who met in person and a group of patients who were contacted by email for their views. They told us how they now held alternate meetings in the evening to enable patients with work commitments to participate. They described how the group always met in a room on the first floor of the practice for consistency, but that patients using wheelchairs could contribute their views via email or the meeting could be moved to a room on the ground floor.

We saw signs in the waiting room and on the website inviting new members to join the PPG. Patients were invited to do this by email and there was no alternative method to join the group advertised. Patients who had difficulties using email or who did not have access to a computer may have experienced difficulties joining the group.

The practice had gathered feedback from staff through staff meetings taking place every two months and discussions

# Are services well-led?

Requires improvement 

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

with staff as needed. Staff told us that they would not hesitate to give feedback and discuss any concerns with colleagues or management. Staff said that they felt listened to and that management were open to suggestions. We saw minutes of a staff meeting that had taken place in January 2015.

Whistleblowing is where a staff member reports suspected wrong doing or misconduct at work. We saw that copies of the whistleblowing policy were displayed in the area behind reception. Reception staff told us that they knew how to access these if needed. The practice manager also told us that copies of policies could be accessed on the computer system for the practice.

## Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training,

mentoring, and appraisals. Staff told us that they found appraisals were useful and these involved identification of learning needs. Staff told us that they attended meetings where internal and external staff provided teaching, and that they were supported to with attendance on training courses. However, it was unclear how staff attendance at mandatory training courses was monitored.

The practice was a GP training practice. A trainee GP that we spoke with told us that they were supported by one of the partner GPs and that they had a gradual introduction to the work at the practice. GPs told us that staff supported one another through discussions about complex clinical situations.

The practice had reviewed of significant events and shared these with staff through meetings and discussions to ensure the practice improved outcome for patients.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not ensure such systems or processes were in place to enable the registered person, in particular, to—</p> <p>2.a assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration, and disposal of medicines used for the regulated activity. Regulation 12 (g).</p>

This section is primarily information for the provider

## Requirement notices

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.