

# The Limes Surgery

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to The Limes Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Limes Surgery on 27 January 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 in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Arrangements for internal audits did not reflect systems for monitoring risks in key areas.
- The practice had a number of policies and procedures to govern activity, however some of these did not reflect current legislation and guidance and review of these were overdue.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.
- Ensure that all applicable staff receive a criminal records check and that the required information is available in respect of the relevant persons employed.

# Summary of findings

- Ensure that all staff employed are supported, receive appropriate appraisals and have documentary evidence of role specific training completed.
- Ensure an appropriate system is in place for the safe use and management of emergency medicines and prescription pads.
- Review and update procedures and guidance so they reflect current legislation and guidance

- Introduce systems to alert the practice of emerging risks such as in infection control, arrangements to deal with emergencies, staff recruitment including DBS checks, staff appraisal and training.

However there were areas of practice where the provider should make improvements:

Review and make improvements to the disabled patient toilet facilities provided in line with the requirements of the Equality Act 2010.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

For example those related to safeguarding, recruitment, infection control, medicine management, dealing with emergencies and staff training records.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

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

**Good**



### Are services caring?

**GOOD**

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care

**Good**



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

The practice is rated as good for providing responsive services.

**Good**



# Summary of findings

- 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. For example to identify and manage childhood obesity
- 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.
- 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.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had a number of policies and procedures to govern activity, but some of these did not reflect current legislation and guidance and were overdue a review. Examples include the recruitment policy, chaperone policy and the infection control policy.
- Arrangements for internal audits did not reflect systems for identifying, recording and managing risks in key areas such as infection control, arrangements to deal with emergencies, staff recruitment including DBS checks, staff appraisal and training.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

## Requires improvement



# 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 safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.**

- 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.
- For the fit older person the practice offered annual checks, and for those on regular medications or with chronic conditions conducted face-to-face reviews every six months as a routine.
- The practice worked closely with the community matron, district nurses and the community team to ensure delivery of care to the housebound and those with poor mobility.
- The practice offered influenza immunisation to all over 65s, including the housebound

Requires improvement



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management. For example there were nurse-led clinics for diabetes, asthma and chronic obstructive pulmonary disease (COPD). Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For example, 99% of patients diagnosed with diabetes, had received an influenza immunisation in the preceding 12 months.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice offered cervical screening and had performed this on 82% of the population who met the criteria for this test in the last five years.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered appointments early in the morning and later in the evening one day a week to provide access to appointments for those patients who work during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.

Requires improvement



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice has designated GPs to ensure continuity of care for vulnerable patients resident in care homes
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered regular reviews of carer's needs and offered support and care to the long-term carer
- 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 safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.**

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Ninety-four percent of patients on the mental health register had a comprehensive care plan in place and documented in their records.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice offered emergency appointments with a GP in a crisis situation.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing better than the local and national averages. 270 survey forms were distributed and 109 were returned. This represented a response rate of 40%.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Comments indicated that the GPs nurses and practice staff listened to patients and were caring. Two comment cards noted the rushed nature of GP consultation but overall noted that the care received was appropriate and compassionate.

We spoke with four patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and that staff were friendly, caring and helpful.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.
- Ensure that all applicable staff receive a criminal records check and that the required information is available in respect of the relevant persons employed.
- Ensure that all staff employed are supported, receive the appropriate appraisal and have documentary evidence of role specific training completed.

- Ensure an appropriate system is in place for the safe use and management of emergency medicines and prescription pads.
- Review and update procedures and guidance so they reflect current legislation and guidance
- Introduce systems to alert the practice of emerging risks such as in infection control, arrangements to deal with emergencies, staff recruitment including DBS checks, staff appraisal and training.

### Action the service **SHOULD** take to improve

Review and make improvements to the disabled patient toilet facilities provided in line with the requirements of the Equality Act 2010.

# The Limes Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to The Limes Surgery

The Limes Surgery provides primary medical care for approximately 9500 patients living in Hoddesdon, Hertfordshire.

The practice provides services under a General Medical Services (GMS) contract agreed nationally. The practice population is made up of predominantly white British but the practice also serves a small ethnic population mostly of Italian and Eastern European origin.

The practice is a partnership of six GPs (two males and four females). Of these four had joined the practice recently to replace partners that had retired. The senior partner told us that the practice has applied to the CQC to register the four new partners. The practice also employs two practice nurses and a health care assistant. There is a practice manager who is supported by a team of administrative and reception staff. A health visitor and a community midwife from the local NHS community team support patients at this practice. The practice is registered as a Research Active practice and is currently undertaking research.

The practice operates from a three storey premises which is not serviced by a lift. Most patient consultations take place on the second floor. Patients access this floor by a staircase. There are two consultation rooms and a

treatment room on the ground floor for consultations and treatments for those patients who cannot access the second floor. The third floor is mainly used for administrative purposes by administrative and clerical staff. There is free car parking outside the surgery with adequate disabled parking available.

The practice is open Monday to Friday from 8am until 6.30pm. On Thursday evenings extended hours are provided between 6.30pm and 8pm, and on Wednesday mornings the practice opens early at 7am. These appointments are aimed at commuters or patients who have caring duties during the day.

When the practice is closed services are provided via the 111 service.

At the time of our inspection the practice did not have a registered manager as the post holder had retired. Four new GPs had been recruited to replace GP partners that had left the partnership. The senior of the two remaining partners confirmed that they were in the process of applying for a new registered manager as well as for the necessary changes to their registration to reflect the new partnership.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before inspecting, 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 27 January 2016.

During our inspection we:

Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service and members of the patient participation group. A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Observed how patients were being assisted.

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 or a GP of any incidents and there was a recording system available.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety both within the practice and by other concerned parties. We saw an example where the practice had liaised with the hospital services to make sure x-rays were reported on in a timely way to aid patient diagnosis. The practice had also implemented improved checking procedures to make sure such results had been received in time to prevent a similar occurrence.

When there were unintended or unexpected safety incidents, for example incidents related to childhood vaccinations, we saw that parents had been contacted and the situation had been explained to them honestly with an apology and reassurance given.

### Overview of safety systems and processes

We reviewed the systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Every consultation room and clinical room in the practice had a folder with information that reflected relevant legislation and local requirements including contact details to make a referral.
- 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. GPs told us that they were all trained to Safeguarding level 3. The practice manager told us that all staff had received role specific training on a periodic basis. However we did not see evidence of this training for all of the GPs, practice nurses or the clerical and administrative staff.

- A notice in the waiting room advised patients that chaperones were available if required. Only the practice nurses acted as chaperones. The practice nurse we spoke with demonstrated good knowledge about the role of chaperoning. However we did not see any evidence that they were trained for the role, or evidence that a risk assessment had been made on the need for a disclosure and barring check (DBS) for such staff. 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. Some patients we spoke with were aware that they could request a chaperone.
- We looked at the standards of cleanliness and hygiene. Cleaning was subcontracted to a private company.

Some areas of the practice were not visibly clean. Skirting boards and carpets in some consultation rooms and in public areas appeared dusty. The vinyl flooring in the upstairs treatment room did not incorporate the skirting boards allowing the potential for dust and debris to collect between the flooring and the skirting board. The flooring in a downstairs room used for patient care did not have a floor covering and was unsealed. The practice manager told us that this was awaiting the installation of vinyl flooring.

A cupboard in a downstairs patient toilet was used as storage for cleaning materials. This cupboard was not locked. The vinyl flooring in this toilet had visible cracks and breaks in it.

Another downstairs patient toilet was also used as a baby changing room. However we found the facilities including the floor covering and the baby changing mattress did not meet infection control standards. This toilet was also designated for use by the disabled patient. However we found that there were no grab rails or a call bell to alert staff in case of an emergency.

During our tour of the practice we found an examination couch with torn covering. We also found a dressing trolley which had visible rust on it. After our inspection the practice manager wrote to us and confirmed that both the examination couch and the dressing trolley had been replaced.

The practice nurse was the infection control clinical lead. There was an infection control policy which was undated. We were shown a copy of a recent infection control audit.

## Are services safe?

However we were not sure of its status of this document as it was not reflective of what we found during our inspection. We did not see evidence that practice staff had undertaken recent infection control training.

- We reviewed the arrangements for managing medicines. Vaccines used for immunisations and other medicines were obtained, prescribed, handled, stored and administered appropriately. The practice carried out prescribing audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Stock prescription pads were securely stored in a locked cupboard. However we found that the practice did not keep a record of the serial numbers of the prescription pads in storage or in use. The GPs told us that blank forms they used for hand written prescriptions were stored in a locked drawer in each consultation room and we saw evidence of this. We found that blank prescriptions were left in printers when consultation rooms were unattended as these rooms could not be locked. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files two of which belonged to staff who were recruited some years ago prior to the requirements of the Health and Social Care Act 2008. We saw that the practice had not assessed the different responsibilities and activities of staff to determine if they were eligible for a DBS check and to what level. We also found that recruitment procedures were not consistent, for example not all files we reviewed contained evidence of reference checks. We looked at the practice recruitment policy and found that it did not meet the requirements of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014 in relation to the required pre employment checks.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

We reviewed how risks to patients were assessed and managed.

- There was a health and safety policy and the practice manager was the lead for this. 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. There were other risk assessments including one for 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. The practice had used additional funding provided by the CCG (winter pressure funding) to add three extra GP sessions per week. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We saw that there was flexibility within the practice staffing in covering absence and holidays.

### Arrangements to deal with emergencies and major incidents

There were arrangements in place to respond to emergencies and major incidents.

- There was speed dial system on the telephone in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice manager told us that all staff received annual basic life support training. We were told that the annual refresher training for non clinical staff had been booked to occur in June 2016.
- An anaphylaxis box to manage an acute allergic reaction was available in all clinical rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date. However the practice did not hold any medication for use during a cardiac emergency or to manage a diabetic emergency. The lead GP told us that the practice policy was to ring 999 where such medication would be

## Are services safe?

provided by the emergency services. We did not see evidence that an appropriate risk assessment has been carried out to identify a list of medicines that are not suitable for the practice to stock.

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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, and had systems in place to ensure all clinical staff were kept up to date. The GPs told us they accessed NICE guidance and discussed clinical changes and issues as a result during their weekly and monthly meetings and during their daily informal lunchtime discussions. They used this information to deliver care and treatment that met peoples' 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 99% of the total number of points available, with 7.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators were better than the CCG and national average of 89%
- The percentage of patients with hypertension having regular blood pressure tests were better than the CCG and national average of 83%
- Performance for mental health related indicators were better than the CCG and national average of 95% and 93% respectively

Clinical audits demonstrated quality improvement.

- We saw there had been two clinical audits completed in the last two years, specifically regarding antibiotic prescribing and nonsteroidal anti-inflammatory drugs.

- The practice participated in appropriate local audits for example in conjunction with the CCG it had compared its performance against other practices in relation to contraceptive implant insertions and the reasons for removing these early.
- The practice is a member of the East of England PCRN (Primary Care Research Network) and is currently involved in a study on cough and respiratory infections in adults.
- We saw evidence that findings of audits and research have been used in making improvements to clinical care. For example improved prescribing methods for antibiotics.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from the GPs, appraisals and supervision. The practice nurse we spoke with told us that they received group supervision through the CCG practice nurse network every four to 8 weeks. However staff told us that they have not had an appraisal since 2013. The senior GP told us that these were to resume in February and expected all staff to have completed their appraisal within the next eight weeks.
- GPs usually attended regular Thursday lunchtime meeting at the local hospital where different consultants spoke on a particular clinical topic and gave updates.
- GPs attended regular continuing professional development (CPD) courses at a nearby private hospital.
- All GPs were up to date with their yearly continuing professional development requirements and they had been or were in the process of being revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years.



# Are services effective?

## (for example, treatment is effective)

- We saw that the practice ensured role-specific training and updating for relevant staff for example, childhood immunisations flu vaccinations and travel vaccinations and the staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice and CCG wide practice nurses meetings.
- Staff told us that they had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. However we did not see documentary evidence that these had taken place for most practice staff.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The GPs we spoke with demonstrated good knowledge of these systems and showed us an example of a care plan for an older person with chronic multiple needs.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Incoming test results were reviewed every day and the GPs operated a 'Buddy' system to cover GPs who were not available on a particular day.

We saw that multi-disciplinary team meetings took place every month and that care plans were reviewed and updated as needed. Practice staff and other professionals such as the district nurse and palliative care nurse worked together about patients who had complex needs or were receiving palliative (end of life) care to ensure their care was coordinated. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The GPs told us where a patient's mental capacity to consent to care or treatment was unclear either they or the practice nurse would assess the patient's capacity and, record the outcome of the assessment.
- We saw that consent was obtained and scanned into the patients records for all invasive procedures. We also saw clear documentation of verbal consent in patient records where applicable.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet including obese children, smoking. One of the GPs led on end of life care and the practice has recently installed electronic templates to share and coordinate information for all patients that needed end of life care.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and the national average. There was a policy to offer to reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 94% to 97%.

Flu vaccination rates for the over 65s were 77%, and at risk groups 54%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. In addition the



## Are services effective?

(for example, treatment is effective)

practice also encouraged all patients to undertake the NHS health check. 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.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients and the chair of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and that staff were friendly, caring and helpful.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.

The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 83, national average 85%).

- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).

It was above average for its satisfaction score for receptionists as follows:

- 93% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

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

Patients told us they felt involved in decision making about the care and treatment they received. GPs and nurses had explained treatment options and had involved them in creating and agreeing their care plans. The GPs told us that they followed this process even when they visited a patient at home or in a care home. Patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The GPs told us that the practice served a small community of Italian and Eastern European patients. They told us that these patients normally brought with them a person who could communicate in English on their behalf. The practice also used Google translate where appropriate. The practice also had access to language line. Patients would be

## Are services caring?

identified at reception or when they make an appointment on the need for this service, but there were no notices in the reception areas informing patients that this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, we saw information regarding Dementia and cancer support services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients who were carers and in conjunction with the PPG there was a

noticeboard in the reception area that provided information to direct carers to the various avenues of support available to them. The practice the annual flu vaccination to carers.

Staff told us that if families had suffered bereavement, their usual 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. The GPs had attended a hospice update course which had helped them provide emotional support to patients and carers.

# 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. For example the practice had worked with the CCG and introduced new patient checks for all children with a view to managing childhood obesity.

- The practice offered extended hours on Thursday evenings between 6:30pm and 8pm and on Wednesday mornings the practice opened early at 7am. These appointments were aimed at commuters or patients who had caring duties during the day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The GPs also offered telephone consultations daily between 11am and 12 noon for patients who preferred to phone for advice or with queries rather than making an appointment. This provided an additional point of contact with the GPs.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible to the disabled patient. Disabled toilet facilities lacked a grab rail and a pull cord to contact practice staff in an emergency. Translation services were available if needed.
- The practice operated from a three storey premises which was not serviced by a lift. Most patient consultations took place on the second floor. Patients accessed this floor by a staircase. Two consultation rooms and a treatment room were available on the ground floor for consultations and treatments for those patients who could not access the second floor.

### Access to the service

The practice was open Monday to Friday from 8am until 6.30pm. On Thursday evenings extended hours were provided between 6:30pm and 8pm and Wednesday mornings the practice opened early at 7am. The extended hours were aimed at commuters or patients who had

caring duties during the day. Appointments were available Monday to Friday from 8.30 am until 6.30pm. Additional appointments were available on Thursday evenings till 7.45 pm and on Wednesday mornings from 7.15am.

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

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 74%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

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

### Listening and learning from concerns and complaints

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

- 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 on the practice website and in the patient waiting area

We looked at seven complaints received in the last 12 months and found they had been dealt with appropriately in a timely manner with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw that patients had been contacted and an apology offered and accepted where appropriate. For example, the practice had investigated and put in

# Are services responsive to people's needs?

(for example, to feedback?)

corrective actions subsequent to a complaint regarding staff attitude. Following this, the practice had written to the patient with an apology and explained what it had done to avoid a repetition.

# 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 senior partner talked us through their vision to deliver quality care and promote positive outcomes for patients. They told us that with the recruitment of new GP partners the practice had set clear objectives for moving the practice forward. These included changing the practice computer system so it became compatible with the systems used by the local health providers such as the NHS community trust and the out of hours service.

There was a statement of purpose with clear aims and objectives which staff understood. Senior staff were engaging with the CCG and staff were actively striving to make on-going improvements.

Staff we spoke with told us their focus was on delivering personalised care and felt the GPs shared this vision.

### Governance arrangements

The GP partners agreed and shared the governance arrangements and responsibilities which supported the focus on delivering personalised care. For example, each GP has taken a lead for specific areas, such as safeguarding, information governance and long term conditions. Staff were aware of their own roles and responsibilities.

- Practice specific policies were accessible to all staff on the practice computer system. However some policies reviewed did not reflect current legislation and guidance and were not dated or a review date identified. Examples include the recruitment policy, chaperone policy and the infection control policy.
- A comprehensive understanding of the performance of the practice was maintained. The practice was a high achiever in clinical outcomes for the patients demonstrated by its QOF scores.
- A programme of continuous clinical audit was used to monitor clinical quality and to make improvements
- Arrangements for internal audits did not reflect systems for identifying, recording and managing risks in key areas such as infection control, arrangements to deal with emergencies, staff recruitment including DBS checks, staff appraisal and training.

### Leadership and culture

The partners and practice staff worked closely together prioritised safe, high quality and compassionate care for all patients. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management.

- Clinical staff told us the practice held regular team meetings. However these meetings were not available to non clinical staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues directly with the practice manager, with a GP or during team meetings. They felt confident in doing so and felt supported if they did.
- We noted that the CCG provided 'Target day' training once each quarter. These were protected afternoon training sessions during which staff received general updates and targeted training on specific topics.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

# Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through surveys, complaints received and the friends and family test. The PPG had been reconstituted in December 2015 and had met twice since then. The chair of the PPG told us that the new group intended to meet more frequently and had developed a programme to work with the GPs and practice staff to bring about

improvements to the services provided. Their current focus was to launch a newsletter and to make carers aware of the various avenues of support available to them.

The practice had gathered feedback from staff through 'Target' training days and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## 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
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><b>1. How the regulation was not being met:</b></p> <p>We found that the provider had not protected people from the risks of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated by not:</p> <ul style="list-style-type: none"><li>a) Adopting a systematic approach to infection control including through the use of an infection control audit to highlight areas of concern and areas for improvements</li><li>b) Carrying out an assessment of patient treatment areas for the appropriateness of flooring that prevented or minimised the spread of infections</li><li>c) Ensuring the appropriateness of the baby changing facilities provided</li><li>d) Maintaining records of staff training related to infection control</li></ul> <p>This was in breach of Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>2. How the regulation was not being met:</b></p> <p>We found that the provider had not taken steps to ensure the safe storage of substances hazardous to health.</p> <p>This was in breach of Regulation 12 (1)(2)(a)(b) Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>3. How the regulation was not being met:</b></p>



This section is primarily information for the provider

## Requirement notices

We found the provider had not taken steps for the safe management of medicines. Prescriptions and sheets were not monitored for stock control. Prescriptions sheets for computer generated prescriptions were left unattended in consultation rooms when not in use, appropriate risk assessment had not been carried out to identify a list of medicines that were suitable/not suitable for the practice to stock including those appropriate for use during an emergency such as for use during a cardiac emergency or to manage a diabetic emergency.

This was in breach of regulation 12(2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

The provider had not undertaken recruitment checks before candidates were employed such as satisfactory evidence of conduct in previous employment. They also had not undertaken risk assessments in the absence of a confirmed Disclosure and Barring Service check (DBS) for long standing employees and for those that undertook chaperone duties. Staffs performing chaperone duties were not trained to perform this role.

This was in breach of regulation 19(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

We found that the provider had not protected people from the risks of unsafe or inappropriate care and

## Requirement notices

treatment by ensuring all persons employed received the appropriate support, training and appraisal. The provider was unable to provide evidence of training undertaken for some staff. Appraisals for staff other than GPs had not taken place since 2013.

This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Regulated activity

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

We found the provider had not protected people using the service against the risks of inappropriate or unsafe care and treatment because of the lack of systems and processes in place to assess, monitor and improve the quality and safety of the service. Some policies reviewed such as the recruitment policy, chaperone policy and the infection control policy did not reflect current legislation and guidance and were not dated or had a review date identified. Arrangements for internal audits did not reflect systems for identifying, recording and managing risks in key areas such as infection control, arrangements to deal with emergencies, staff recruitment including DBS checks, staff appraisal and training.

This was in breach of Regulation 17(1) (2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014