

# High Road 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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Road Surgery on 20 October 2016. Overall, the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all significant events were recorded and recorded events were predominantly events that took place outside the practice. The practice did not have a significant events policy.
- Risks to patients were assessed and well managed, with the exception of those relating to staff training and the lack of risk assessment carried out for not having a defibrillator.
- Information about services and how to complain was available and easy to understand.
- The practice had a complaints policy however; they told us that they had not received any complaints in the past 12 months and we saw no complaints had been recorded since 2013.
- The practice had a portable ramp for disabled access and translation services. However, there were no accessible facilities for people with a disability and no hearing loop for people with a hearing loss .
- Data showed patient outcomes were comparable to the national average.
- Clinical audits had been carried out and we saw evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and were not practice specific.
- The provider was aware of and complied with the requirements of the duty of candour

# Summary of findings

- The practice had not established a patient participation group to seek feedback and improve services.
- The practice had identified relatively few carers who might need extra support.
- The practice did not have a mission statement, however staff knew and understood the practices values and informed us this was revisited at the practice meetings. however, the practice did not have a formal strategy or supporting business plan to reflect the vision and values.

The areas where the provider must make improvements are:

- Ensure a risk assessment is carried out for not having a defibrillator in the practice during an emergency.
- Ensure all staff receive and complete required training to carry out their roles effectively, including safeguarding, infection control, fire safety, information governance and basic life support.
- Ensure systems are in place to actively seek feedback from people to access and monitor the quality of

service being provided. Ensure these are analysed and action is taken to make improvements including the review of all complaints and feedback from Patient Participation Group (PPG).

- Review and update policies so that they are practice specific.

In addition the provider should:

- Ensure systems for recording and reporting significant events is reviewed including a significant events policy.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Ensure that the practice strategy and supporting business plans are documented to reflect the practice vision and values.
- Consider carrying out regular fire drills.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we found that when things went wrong these were not always identified as a significant event and reviews and investigations were not always documented. Evidence of lessons learned was limited as recorded significant events were predominantly of events outside the practice.
- Risks to patients were assessed and well managed, with the exception of staff training.
- Emergency medicines were available in the practice however; the practice had not carried out a risk assessment for not having a defibrillator in the practice in case of an emergency.

**Requires improvement**



### Are services effective?

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

- The practice could not demonstrate that all staff had received mandatory training, including safeguarding, infection control, fire safety and up to date basic life support training.
- Unverified data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals for all staff in the past 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Good**



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified relatively few carers who might need extra support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a portable ramp for disabled access however there were no disabled or baby changing facilities. There was no hearing loop for people hard of hearing.
- Information about how to complain was available and easy to understand. However, the practice could not demonstrate learning outcomes as a result of complaints as they told us that they had not received any formal complaints in the past 12 months.

## Are services well-led?

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

Requires improvement



- The practice had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. However, the practice did not have a documented business plan or strategy to support the vision.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and were not practice specific, including safeguarding and infection control policies.
- Practice meeting minutes where significant events, governance and training were discussed were not documented in detail to demonstrate what content was discussed.
- The practice could not demonstrate how they proactively sought feedback from patients, which it acted on. The practice could not demonstrate that they recorded, responded and learnt from all complaints or feedback received. The practice did not have a patient participation group (PPG).

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Unverified data showed performance for diabetes related indicators was below the national average. For example, 72% of people with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 74.2% for CCG average and 78% for national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

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

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices 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.
- Unverified data showed that the practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering telephone consultations, people could book appointments online and the practice used electronic prescriptions. However, patients could not order repeat prescriptions online.

Requires improvement



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, non-clinical staff had not received formal safeguarding training for their role. Staff had access to CCG safeguarding policy but there was no practice specific policy available.

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

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

- Unverified data for performance for dementia related indicators was above the national average. For example, all four patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to 80% for CCG average and 84% for national averages.
- Unverified data for performance for mental health related indicators was similar to the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 82% for CCG average and 89% for national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty-one survey forms were distributed and 84 were returned. This represented 4% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 76%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

## Areas for improvement

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

- Ensure a risk assessment is carried out for not having a defibrillator in the practice during an emergency.
- Ensure all staff receive and complete required training to carry out their roles effectively, including safeguarding, infection control, fire safety, information governance and basic life support.
- Ensure systems are in place to actively seek feedback from people to access and monitor the quality of service being provided. Ensure these are analysed and action is taken to make improvements including the review of all complaints and feedback from Patient Participation Group (PPG).

- Review and update policies so that they are practice specific.

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

- Ensure systems for recording and reporting significant events is reviewed including a significant events policy.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Ensure that the practice strategy and supporting business plans are documented to reflect the practice vision and values.
- Consider carry out regular fire drills.

# High Road 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.

## Background to High Road Surgery

High Road Surgery is located in Leytonstone in a terraced house, providing GP services to approximately 1,928 patients. Services are provided under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Waltham Forest Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, diagnostic and screening procedures.

The practice has two male GP partners, one of which was part time. The GPs provide nine sessions between Monday to Friday. The practice employs one part time practice nurse. There are three reception staff, one secretary and one practice manager.

The practice was open between 9am and 6.30pm Monday to Friday; with the exception of Thursdays when the practice closed at 2pm. Appointments were from 9.30am to 11.30am every morning and 5pm to 6.30pm daily. Extended hours appointments were offered on Mondays from 6.30pm to 7.30pm with the practice nurse. The practice told us that out of hours services were available between 6.30pm to

9am, which was provided by a different source. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them the same day.

The practice has recently applied for an improvements grant, as the building is not purpose built for GP 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

High Road Surgery was not inspected under the previous inspection regime.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2016. During our visit we:

- Spoke with a range of staff (practice manager, reception and administration and GP) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The systems for reporting and recording significant events were not effective.

- Staff told us they would inform the practice manager of any incidents and the practice manager would complete the recording form which was available in the reception. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed recorded significant events and found that they were errors made outside of the practice by other providers, which were recognised by the practice and investigated. Therefore, we did not see evidence that when things went wrong in the practice with care and treatment, patients were informed of the incidents verbally and in writing, and we did not see evidence of written apologies or about any actions to improve processes to prevent the same thing happening again. The provider had one example of an incident when a patient had been removed from the practice list by NHS England. As a result the patient had to complete another registration form to register again. However, the practice decided in the future in similar cases they would complete the registration forms on behalf of the patient with the patients consent.

We reviewed safety records, incident reports, patient safety alerts and found that the practice did not keep detailed meeting minutes of when these were discussed. We saw that safety alerts were not being recorded or audited. We found that staffs' understanding of a significant was not consistent. There was no practice policy available to provide staff with guidance to enable them to recognise and report events. For example, the practice manager told us of an incident recently when a patients documents were scanned into a wrong patients records. This had not been recorded as a significant event and the practice could not demonstrate how learning outcomes had been identified to prevent this from happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse were not effective. Policies were accessible to all staff. There was a safeguarding policy however, this was a CCG policy and did not contain practice specific guidance. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities; however, the non-clinical staff had not received formal safeguarding training on children or vulnerable adults relevant to their role. Management told us that training was provided at practice meetings by the practice manager, however there were no meeting minutes to evident what training content was delivered by the practice manager. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained in house by the management team for the role. However, they had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Within 48 hours of inspection, the practice management had made applications for DBS checks on two members of staff who had chaperoning duties. The practice has since provided evidence that DBS checks had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice management told us that there was a cleaner once a week and the practice manager told us that staff did daily cleaning. The lead GP was the infection control clinical lead. There was an infection control protocol in place; however, this was a generic policy and was not practice specific. For example, it contained contact details of Primary Care Trusts (PCTs) which are no longer operational. The management team told us that staff had received up to date training in infection control, which was given by the GPs at a practice meeting. However, there were no

# Are services safe?

meeting minutes of the training and the lead GP could not evidence that they had received up to date infection control training. We saw that an infection control audit had been undertaken by the CCG in November 2015 and the practice carried out a follow up of the audit in February 2016. We saw evidence that action was taken to address any improvements identified as a result, however there were some actions which could not be progressed and the practice were awaiting a response to their improvements grant application. For example, ceiling and walls were cracked in clinical and non-clinical areas, which were not easy to clean.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found inconsistency in recruitment checks had been undertaken prior to employment. However, only one member of staff had been employed since 2014. We found that the practice did have documented records of proof of identification and references. We saw when locum GPs were employed the practice held records of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

practice manager's office, which identified local health and safety representatives. The practice had up to date fire risk assessments but did not carry out regular fire drills. We found that electrical equipment had not been checked to ensure the equipment was safe to use, however within 48 hours of the inspection the practice had hired an external company to carry out an electrical appliance testing in the practice. Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Clinical staff had completed annual basic life support training; however, non-clinical staff had not received training since 2013. Emergency medicines were available in the treatment room.
- Oxygen with adult mask was available and a first aid kit and accident book were available. The practice did not have a defibrillator available on the premises and had not carried out a risk assessment for not having a defibrillator in the practice to manage emergencies.
- Emergency medicines were easily 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 and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.1% of the total number of points available. The provider was not an outlier for 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. Unverified data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. For example, 72% of people with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 74.2% for CCG average and 78% for national average.
- Performance for mental health related indicators was better than the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 82% for CCG average and 89% for national average.

- Performance for dementia related indicators was above the national average. For example, all four patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to 80% for CCG average and 84% for national averages.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed since 2014, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw the practice had carried out an audit due to prescribing changes of pregabalin when used for neuropathic pain relief. Local guidance informed that GPs should prescribe by brand Lyrica and not the medicine name, pregabalin. The practice carried out a patient search in July 2015 and found six patients were being prescribed pregabalin. These patients were invited in and their prescription was changed to the brand of the medication. The practice audited this again in January 2016 and found no patients were being prescribed pregabalin anymore.
- The practice participated in local audits, national benchmarking, and peer review.

### Effective staffing

The practice could not demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.

- We saw that clinical staff had received formal training in safeguarding adults and children mental capacity act. The practice manager told us that in-house training from the management team was provided to all staff to include safeguarding, fire safety awareness, infection control and information governance. However, we did not see any documented evidence of this. We also found that the management team did not have training or qualifications to train staff on these topics. The practice had recently gained access to e-learning training modules and the practice manager informed us that all staff would be given access to complete mandatory training. We saw that clinical staff had completed annual basic life support training; however, non-clinical staff had not received basic life support training since 2013.

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction check list for all newly appointed staff and staff told us that during their induction it was clear what they would be learning. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff said that they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance and we saw that the practice nurse had completed training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

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

Unverified data showed that the practice's uptake for the cervical screening programme was 81%, which was the same as the CCG average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.



## Are services effective?

(for example, treatment is effective)

Unverified data showed that childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 88% and five year olds ranged from 90% to 93%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

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

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

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

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 8 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered appointments between 6.30pm and 7.30pm with the practice nurse every Monday evening.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice nurse carried out two sessions on Mondays between 2pm to 7.30pm.
- Translation services were available; however, there were no hearing loop for people hard of hearing and the practice had a portable ramp for disabled access but no other accessible facilities. There were no baby changing facilities. The practice told us that they had applied for an improvement grant to renovate the building and make it purpose built to include disabled access and facilities.
- The practice had two consultations rooms on the ground floor and one on the first floor. The practice told us that people who were unable to go upstairs were seen in the consultation rooms downstairs as there was no lift facilities.

### Access to the service

The practice was open between 9am and 6.30pm Monday to Friday; with the exception of Thursdays when the practice closed at 2pm. Appointments were from 9.30am to 11.30am every morning and 5pm to 6.30pm daily. Extended hours appointments were offered on Mondays from 6.30pm to 7.30pm with the practice nurse. The practice told us that out of hours services were available between 6.30pm to

9am, which were provided by a different source. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them the same day.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

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

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

### Listening and learning from concerns and complaints

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

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

The practice told us that they had not received any complaints in the last 12 months and the last formal complaint recorded was from 2013. Staff told us that people did give feedback about lack of appointments however; these were resolved on the day and therefore not recorded as a complaint. The practice could not

# Are services responsive to people's needs?

(for example, to feedback?)

demonstrate how lessons were learnt from individual concerns and complaints and were not able to form an analysis of trends and action taken to as a result to improve the quality of care.

# 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 good quality care and promote good outcomes for patients.

- The practice did not have a mission statement, however staff knew and understood the practice values and informed as this was revisited at practice meetings.
- The practice did not have a formal strategy or supporting business plan to reflect the vision and values.

### Governance arrangements

The practice had a governance framework, which supported the delivery of the strategy and good quality care. However, there were areas that required improvements:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective. For example, not all significant events were recorded and staff's descriptions of significant events were inconsistent.
- Staff did not receive formal training in mandatory training, for example, staff told us that training was provided by management in safeguarding, fire safety awareness, infection control and information governance. However, management could not always demonstrate that they had received formal training and they did not have qualifications to provide training to their staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented with the exception of safeguarding and infection control policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

The practice management team told us they prioritised safe, good quality and compassionate care. Staff told us the managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held formal team meetings twice a year.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice told us that they encouraged and valued feedback from patients and staff. However, on the day of inspection the practice could not demonstrate how they proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice did not have a patient participation group (PPG) although they informed us that they were in the process of setting up a virtual PPG. The practice had not carried out an in house survey since 2013 and had not recorded any complaints in the past 12 months.
- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

# Are services well-led?

Requires improvement 

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

colleagues and management, however they could not give examples of this on the day of inspection. Staff told us they felt involved and engaged to improve how the practice was run.

## 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<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider failed to have arrangements to take appropriate action in a medical emergency as there was no documented risk assessment for not having a defibrillator.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity  | Regulation  |
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Governance</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not always actively seek feedback from people or respond to all complaints to make improvements to the quality of service being provided.</p> <p>The practice had a number of policies which were overdue a review and were not practice specific .</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>   |



This section is primarily information for the provider

## Requirement notices

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Staffing

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

The provider failed to provide staff with appropriate training as necessary to enable staff to carry out their roles, including safeguarding, infection control, fire safety and information governance and basic life support.

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