Chatham Street Surgery

Quality Report

121 Chatham Street
Reading
Berkshire
RG1 7JE
Tel: 0118 950 5121
Website: www.chathamstreetsurgery.co.uk

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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Inadequate**

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 Chatham Street Surgery on 5 August 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe services and being well led. The population groups for older people, people with long term conditions, families children and young people, working age people, people whose circumstances may make them vulnerable and people experiencing poor mental health were rated as inadequate based on the overall rating of the practice. Improvements were also required for providing caring, responsive and effective services.

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

- Most of the patients we spoke with were very satisfied with access to appointments and told us that they were very happy with the service, the GP and the staff.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. However patients told us that the use of locum GPs meant they did not receive continuity of care and this caused them some concern.
- The practice had a dedicated care co-ordinator providing support to patients and carers of patients through community settings to enable patients to live independently for longer.
- CQC comments cards provided positive feedback; however the GP patient survey results, reviews left on public websites were not always positive. The proportion of patients who would recommend their GP surgery was 52% which was among the lowest for the area.
- Systems and processes were not always in place to keep patients safe from the risk of harm. We found significant concerns in medicines management. The practice did not have robust systems for checking and recording fridge temperatures. The practice did not

Summary of findings

have adequate systems in place to ensure practice nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance.

- The practice had a limited plan to manage unforeseen circumstances and maintain business continuity.
- Patient outcomes are below average for the locality. Patients' needs were not always assessed but some audits to identify improvements to patient care had taken place.

The areas where the provider must make improvements are:

- Ensure medicine management systems are reviewed and reflect national guidelines. Including, the recording and monitoring of refrigerator temperatures and the development of a cold chain procedure.
- Review and implement more effective systems to identify, assess, and manage risks relating to the health, welfare, and safety of patients, and others who may be at risk.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform including providing clinical care and treatment in line with national guidance and guidelines.

In addition the provider should:

- Review patient care plans to ensure these are reviewed regularly and the individual patient is involved in developing the plan. This includes recording their preferences and decisions for care and treatment.
- Review how patient safety alerts and other safety guidance are disseminated within the practice.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

Systems and processes to address risks were not always implemented robustly to ensure patients were kept safe. For example, we found concerns in medicines management and practice systems did not reflect national guidelines. The practice did not have robust systems for checking fridge temperatures.

The practice had a limited plan to manage unforeseen circumstances which might impact on the running of the service and prevent a loss of continuity of care.

The practice did not have a robust health and safety policy in place and there was limited evidence of checks of the building or the environment. Opportunities to prevent or minimise risk of harm were missed.

National patient safety alerts and other safety guidance such as Medicines and Health Regulatory Agency alerts were not disseminated within the practice in a formal way and there was no system to record that these that these had been appropriately dealt with.

All staff knew how to recognise signs of abuse in older people, vulnerable adults and children.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. There were some systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. National and best practice guidelines were considered. However, there was limited evidence to show that local audits were undertaken and that national audits resulted in changes to care and treatment.

Some training had taken place but there was limited evidence to confirm this. Staff had not received regular training updates, for example in infection control. We were also unable to evidence that staff had received all updates in all mandatory training. There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required. For example one member of staff told us they had not received an annual appraisal of their role and they had been asked to carry out work they had not received training.

Summary of findings

Data showed that some patient outcomes were significantly below average for the locality. We looked at the QOF data for this practice which showed at 73.5%, the practice was performing below the CCG average of 95.4% and below the national average of 94.2%.

Are services caring?

Requires improvement

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

Data from the national patient survey showed that patients rated the practice lower than others for some aspects of care. Some patients we spoke with and those who completed CQC comment cards told us accessing services was difficult. They said they found the recent changes in clinical staffing difficult because they did not have continuity of care. The majority of patients we spoke with on the day of inspection were complimentary about the practice and staff.

Health education information including leaflets in different languages were available in the practice waiting area and on the website.

We also saw that staff treated patients with care, kindness, respect and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Patients reported difficulty in accessing a named GP and poor continuity of care. Patient feedback had started to influence the way the practice delivered care. However, further feedback from patients showed that access to a named GP and continuity of care was not always available. Urgent appointments were usually available the same day.

The practice had started to review the needs of its local population and had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to put systems in place to ensure it responded to the needs of all its population groups. For example, the practice had a carer's lead who worked closely with external organisation to ensure patients received all of social care assistance available.

Patients could get information about how to complain in a format they could understand.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

The leadership of the practice was not always consistent which impacted on the quality and safety of the service to patients.

Summary of findings

Governance systems were unclear and not always effective. The practice had not taken all measures to identify, assess and manage risks. There were systems in place to monitor and improve quality but these were not always effective.

It did not have a clear vision and strategy, although all staff displayed values consistent with an emphasis on caring for patients. The leadership of the practice had not created an environment of continuous learning and improvement.

There was limited evidence that the practice used the Quality and Outcomes Framework (QOF) to measure their performance in 2014/15. The overall QOF data for this practice showed they were significantly below local and national standards.

There were a number of policies and procedures to govern activity but they were not all signed, up to date or regularly reviewed.

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

Inadequate

The provider was rated as inadequate for safe and well-led and requires improvement for caring, responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were below average for conditions commonly found in older patients. The practice did not always complete effective audits to monitor the health outcomes of people and identify how these could be improved.

The practice ran vaccination clinics for flu, shingles and pneumonia for older patients. Patients were offered home visits if they were housebound or too ill to attend the surgery. The practice had systems in place for those identified as at risk of hospital admission and end of life care.

The practice was aware of the gold standards framework for end of life care and knew how many patients they had who were receiving palliative care. It had a palliative care register and had internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Health promotional advice and support was given to patients and their carers if appropriate and leaflets were seen at the practice. These included signposting older patients and their carers to support services across the local community.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe and well-led and requires improvement for caring, responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Data for a number of long term conditions showed outcomes for patients were below average. For example, the practice had achieved lower than the national average for most aspects of care for patients with diabetes.

Longer appointments and home visits were available when needed. Not all patients with long-term conditions had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated

Summary of findings

illness. However, last year's performance for some influenza immunisations was lower than the CCG average where comparative data was available. For example, flu vaccination for patients in a defined high risk group was 44%. This was also below the national average.

The practice team worked in partnership with other professionals including health visitors, district nurses and specialist services such as the mental health teams.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe and well-led and requires improvement for caring, responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were no Patient Group Directions (PGDs) for childhood immunisations. PGDs are written instructions to help the professional to supply or administer medicines to patients, usually in planned circumstances.

Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 81.5% to 96.7% and five year olds from 87.3% to 99.1%. These were above the CCG and national averages.

Specific services for this group of patients included family planning clinics and antenatal clinics. The practice would refer pregnant women to a midwife and share their care during the pregnancy. There were clear arrangements for multidisciplinary working and we saw good examples of joint working with district nurses and health visitors.

There were some systems in place to ensure the safety and welfare of people using the service. There were processes in place to identify and follow up children who were at risk, for example children on the safeguarding register.

Staff were aware of the procedures for assessing capacity and consent for children and young people.

Appointments were available outside of school hours and the practice displayed information to promote the welfare of children and young people in the waiting room.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe and well-led and requires improvement for caring, responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

The practice made the majority of hospital referrals via e-referrals formally known as “Choose and Book”, which gave patients flexibility when booking their hospital appointments.

Extended hours appointments were available five weekday mornings from 7am to 8am and evening appointments until 7pm on two weekday evenings. However, some of the working age patients we spoke with were not always aware of the extended hours.

The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group. For example, smoking cessation clinics were offered to patients. There was health promotion material available in the waiting area and on the website. Health clinics were held for all new patients and for those who were 40-74 years of age, where health promotion and lifestyle advice was given to patients.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe and well-led and requires improvement for caring, responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care plans were in place for patients with physical and learning disabilities and for children with special needs. However, the care plans we reviewed did not reflect individual preferences for treatment and decisions recorded in their plans and the patient survey reported patients were not always involved in their development. Patients with a learning disability had not always received their annual health check.

The practice had an appointed lead in safeguarding vulnerable adults and children. Staff were able to identify different types of abuse and who to report any concerns too.

We were told that patients wishing to register at the practice were always accepted, this included registration of asylum seekers, homeless, refugees and the travelling community.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients had access to various support groups and voluntary organisations.

Staff understood the process of assessing mental capacity and seeking consent.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

The provider was rated as inadequate for safe and well-led and requires improvement for caring, responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Thirty four percent of patients diagnosed with dementia had received a face-to-face review in the preceding 12 months. The practice had recognised this was lower than the National average 83%.

Patients with mental health care needs were registered at the practice. They had written care plans but were not always involved in their development. We found no evidence that patients had been involved with the development of their care plan or that their individual preferences for treatment and decisions had been discussed with them.

The practice worked with multi-disciplinary teams in the care of patients experiencing poor mental health, including those with dementia. Longer appointments were available for those experiencing poor mental health.

Summary of findings

What people who use the service say

We spoke with 11 patients visiting the practice and we received 21 comment cards from patients who visited the practice in the two weeks prior to inspection. We spoke with patients from various groups including mothers and fathers with young children, working age people, older people and people with long term conditions.

We also looked at the practices NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received).

We reviewed the results from the latest National GP Patient Survey (published in July 2015). There were 445 surveys sent out, 83 returned giving a completion rate of 19%. The survey found the proportion of patients who would recommend their GP surgery was 52% which was 23% lower than the average (75%) for South Reading Clinical Commissioning Group (CCG) and 26% lower than the National average (78%).

The National GP Survey also found the proportion of patients who describe their overall experience of the surgery as good was 66% which was 17% lower than the average (83%) for South Reading CCG and 19% lower than the National average (85%).

We also considered evidence from the feedback we received on the day from 21 completed CQC comment cards. Patients told us they were satisfied with how they were treated and that this was with compassion, dignity and respect. They told us that long term health conditions were well monitored and supported. The patients we spoke with on the day of inspection confirmed this. They also explained how they felt listened to and understood their treatment and care.

Areas for improvement

Action the service MUST take to improve

- Ensure medicine management systems are reviewed and reflect national guidelines. Including, the recording and monitoring of refrigerator temperatures and the development of a cold chain procedure.
- Review and implement more effective systems to identify, assess, and manage risks relating to the health, welfare, and safety of patients, and others who may be at risk.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform including providing clinical care and treatment in line with national guidance and guidelines.

Action the service SHOULD take to improve

- Review patient care plans to ensure these are reviewed regularly and the individual patient is involved in developing the plan. This includes recording their preferences and decisions for care and treatment.
- Review how patient safety alerts and other safety guidance are disseminated within the practice

Chatham Street 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 three specialist advisors (a GP, a Nurse and a Practice Manager) and an Expert by Experience. The team was accompanied by a CQC Inspection Manager in an observer role.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Chatham Street Surgery

Chatham Street Surgery is located in a purpose built health centre and is situated in the heart of Reading town centre. There are approximately 7,200 registered patients.

Chatham Street Surgery is one of 20 practices within South Reading Clinical Commissioning Group.

The practice has a mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds with no specific background being prominent due to the variety of cultures in Reading. There are a large proportion of the patients speak English as a second language. The practice also provides care to asylum seekers, homeless, refugees and the travelling community. People living in more deprived areas tend to have greater need for health services.

The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes.

The practice population has a higher than national average patient group aged between 25-34, with a number of patients being working professionals. Ten percent of the practice population has a working status of unemployed compared to the national average of 6.2%.

There are six GPs (four male and two female) at the practice comprising of three partners and three salaried GPs. The practice also have one long term locum GP. The all-female nursing team consists of two practice nurses with a mix of skills and experience. A practice manager and a team of 10 administrative staff undertake the day to day management and running of the practice. The practice has a Personal Medical Services (PMS) contract.

Over the previous three years the practice has seen a significant amount of change, individual disputes amongst partners, instability and a lack of clear leadership and management.

The practice is open between 7am and 7pm on Monday and Wednesday and between 7am and 6.30pm on Tuesday, Thursday and Friday.

The practice opted out of providing the out-of-hours service. This service is provided by accessed via the out-of-hours NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

Why we carried out this inspection

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

Detailed findings

inspection under Section 60 of the Health and Social Care Act as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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

How we carried out this inspection

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 looks like for them. The population groups are:

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

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from South Reading Clinical Commissioning Group (CCG), local Healthwatch, NHS England and Public Health England.

We carried out an announced inspection on 5 August 2015.

During the inspection we spoke with two GPs, one nurse, members of the management team, one member of the patient participation group, and members of the administration and reception team.

We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We reviewed documentation which included relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

We obtained patient feedback from speaking with patients, CQC patient comment cards, the practice's surveys and the GP national survey.

We observed interaction between staff and patients in the waiting room.

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. We found clear procedures were in place for reporting complaints or safeguarding concerns. Staff we spoke with knew it was important to report incidents and significant events to keep patients safe from harm.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently and could show evidence of a safe track record.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed records of four significant events that had occurred during the last year and saw the system was followed appropriately. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held monthly to review actions from past significant events and complaints.

There was evidence that the practice had learnt from these and that the findings were shared with relevant staff. Staff, including administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Records of significant events and complaints were completed in a comprehensive and timely manner. Evidence of action taken as a result was shown to us.

For example, one significant event recorded had highlighted communication difficulties between the practice and the local hospital. This resulted in a delay of a patient receiving urgent care and treatment. The practice had reviewed their protocol for ensuring more effective communication in such circumstances and had established a dedicated hospital contact to prevent recurrence.

Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again in line with the practice policy.

We found National patient safety alerts and other safety guidance such as Medicines and Health Regulatory Agency alerts were not disseminated within the practice in a formal way and there was no system to record that these had been appropriately dealt with.

Reliable safety systems and processes including safeguarding

The practice had comprehensive adult and children safeguarding policies in place. There were systems to manage and review risks to vulnerable children, young people and adults. Staff knew how to recognise signs of abuse in older patients, vulnerable adults and children.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles.

Staff we spoke with were aware who the safeguarding lead was, and knew how to access the safeguarding procedures. They told us they would approach the safeguarding lead if they had any concerns.

We looked at training records which showed that all staff had received relevant role specific training on safeguarding.

There was a chaperone policy which was visible in the waiting room and throughout the practice. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). One of the GP partners told us that all practice staff carried out chaperone duties and they had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All practice staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We found the practice had ineffective systems for checking and monitoring refrigerator temperatures. Vaccines were stored in fridges and these were kept in two separate treatment rooms. In one of the treatment rooms, the fridge was used as an overflow for the main vaccine fridge. We found limited recording of the overflow refrigerator's

temperatures. For example, there were six recordings logged for the full month of July 2015. Of the six recordings, the log book showed that temperatures outside normal range were recorded and no action was taken by the practice. For example, on 28 July 2015, the maximum reading recorded was 16.5C. The temperature was next recorded on the 31 July 2015; the maximum recording was 16.5C.There was no action taken on either date. On the day of inspection, we were unable to ascertain how long the temperature had been raised outside the normal range of 0-8 degrees, due to the irregular records. This posed a risk to patients because when a vaccine cold chain is not maintained appropriately, the potency of the vaccine may be lost, and subsequently the vaccines may become ineffectual. The member of staff undertaking these checks had not recognised this as a concern.

We immediately brought this to the attention of the practice manager and the lead nurse who were not aware of the incident. The vaccines were quarantined and appropriate action was taken. The practice manager confirmed the practice did not have a cold chain policy for staff to follow which would ensure the cold chain of vaccines was maintained. (A cold chain policy provides guidance including the safe disposal of expired medicines, in line with waste regulations, Health Protection Agency guidance and Vaccination Immunisation direction from Public Health England.)

We found the practice nurses administered vaccines using directions that had not been produced in line with legal requirements and national guidance. We saw a number of Patient Group Directives (PGDs) that had not been signed by an appropriate professional, were not dated or signed. For example, the PGD for shingles vaccination had not been signed and there were no PGDs for childhood immunisations. PGDs are written instructions to help the professional to supply or administer medicines to patients, usually in planned circumstances.

Furthermore, the practice was unable to demonstrate the nurses had read and signed to administer the vaccinations safely.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescriptions (FP10s) were logged when they arrived at the practice and when they were given to a GP and we saw evidence of this log. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance and were tracked through the practice and kept securely at all times.

Cleanliness and infection control

Patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control. We saw that there were cleaning schedules in place and cleaning records were kept. However, there was no reassurance that practice staff undertook checks on the general tidiness of the premises or to identify any risks to patients.

On the day of inspection, records to confirm staff's immunity to Hepatitis B (a blood borne virus) were not available. However, shortly after this inspection the practice provided the Hepatitis B status of all of their staff.

There was a policy for needle stick injuries however, not all members of staff who could be exposed to such an injury knew what to do if this occurred. The practice policy for needle stick injuries did not reflect the required immediate action following such an injury. Sharps bins were appropriately located, labelled and stored after use. There was a contract in place for the removal of all household, clinical and sharps waste and we saw evidence that waste was removed by an approved contractor.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in most of the treatment rooms.

Staff told us the instruments used for procedures such as cervical smear tests and for minor surgery was disposable. Therefore, staff were not required to clean or sterilise any instruments, which reduced the risk of infection for patients. We checked a number of disposable items that were all in date. Other equipment used in the practice was clean.

The practice had completed a risk assessment in June 2015 to assess the management, testing and investigation of legionella (a bacterium that can grow in contaminated

water and can be potentially fatal). We saw records that showed a risk assessment had been completed in 2015 and regular checks were carried out in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. All portable electrical equipment was routinely tested and displayed stickers indicating the last tests had been completed in October 2014. We saw scheduling of testing was in place.

They told us that all other equipment was tested and maintained regularly. We saw evidence of calibration of relevant equipment; for example weighing scales, electrocardiogram and blood pressure measuring devices. The practice used single use items for patient examinations and these were disposed of in line with practice policies.

Staffing and recruitment

We looked at a sample of four staff records, all contained evidence that appropriate recruitment checks had been undertaken prior to the employment of staff. For example, proof of identification, references, qualifications, previous experience and registration with the appropriate professional body. Criminal records checks were made through the Disclosure and Barring Service (DBS) for all practice staff.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. A process was in place to manage staff absences.

Staff told us there were usually enough staff to maintain the smooth running of the practice and to keep patients safe. They provided cover for each other during annual leave or sick leave. The practice use one long term locum GP providing availability and continuity for patients when required.

Monitoring safety and responding to risk

The practice did not have robust systems, processes and policies in place to manage and monitor the risks to patients, staff and visitors to the practice. Records made available to us lacked detail and did not provide assurance that risks were being effectively managed. There was a health and safety policy in place however it was not clear this was always being followed in practice.

We observed numerous trip hazards throughout the course of the inspection day. For example, the vacuum cleaner was stored in a corridor, an open box of old printer toners was stored in a passageway and the layout of the consultation rooms resulted in trailing wires from the computer system. All of which could have potentially caused an injury to patients. The practice manager informed us the trailing wires were a result of the new computer system installed a week before the inspection and there had not been an opportunity to secure the wires.

There was no assurance that the risk of fire had been recently reviewed and any concerns acted upon. For example, the fire risk assessment was last reviewed in 2013. We saw evidence that fire extinguishers had been checked, staff had received fire safety training and practised fire drills. However, on the day of inspection we observed that one of the fire exits was blocked. This was brought to the attention of the practice manager. We noted the fire exit was still blocked at the end of the inspection day.

Arrangements to deal with emergencies and major incidents

The practice had limited arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. We spoke with staff who told us they had received annual training and it was clear they knew what to do in the event of an emergency such as sudden illness. The practice had access to oxygen but there was not an automated external defibrillator (used in cardiac emergencies). The practice had not undertaken a risk assessment to confirm they had evaluated and assessed the risks of the practice not having an automated external defibrillator. No emergencies or major incidents had been recorded and none were reported by any of the staff.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac

Inadequate

Are services safe?

arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice did not have systems in place to deal with events that impacted upon the service. For example, IT failure, bad weather or high levels of staff sickness. During the inspection we were given a copy of the business continuity plan, a plan which addressed emergencies that could impact upon the daily operation of the practice. The document was brief and had not identified the potential risks and mitigating actions to reduce and manage the risk.

We found there were no contingency arrangements in place in the event that the practice could not gain access to the building. For example, where the practice would operate in the interim and how they would access their patient record system off site. There were limited contact details for staff to refer to and staff we spoke to were not aware of the business continuity plan.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

The GP partner told us any changes to professional guidance or new guidelines were disseminated and discussed during clinical meetings. The staff we spoke with and the evidence we reviewed confirmed this. Actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Some staff described how they carried out comprehensive assessments which covered all health needs and these were in line national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. However, this did not align with information collected for QOF performance and other members of staff told us the practice had ceased long term reviews in the past 12-18 months.

We reviewed a sample of patient's records to review whether they had received a long term condition and medication review. Of the records we reviewed all patients had received these checks. We asked the practice to provide us with system reports of the long term condition and medication reviews undertaken. They were unable to provide this information as a new IT system had just been installed. The practice manager and GPs were unsure whether the patient information had been transferred from the old system and how to run off reports from the new one.

Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us they supported all staff to review and discuss new best practice guidelines, for example, for the management of diabetes. Our review of the clinical meeting minutes confirmed that this happened. However QOF performance for the management of diabetes was below the national averages for all six diabetic performance indicators. The practice did not have an action plan to address the poor performance of the management of diabetes.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records. These showed that their needs were being met and hospital admissions had reduced. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs had not changed.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. However they had recognised that the annual audit plan required improvement so that more audits were completed to help inform and improve their practice.

The practice showed us four clinical audits that had been undertaken in the last year. One of the GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF).

An example of a completed clinical audit was used to identify the number of patients who had received a shingles vaccination. There were three completed cycles within this audit and included a retrospective analysis. The first cycle concluded the practice was providing the shingles vaccination to seven percent of 70 year olds, four percent of 78 year olds and four percent of 79 year olds; according to Department of Health guidelines the national average was 60%.

We saw evidence that the first and second audit cycle had been discussed in clinical meetings and actions designated. Following the third cycle the practice identified 35% of 70 year olds (compared to seven percent before),

Requires improvement

Are services effective?

(for example, treatment is effective)

39% of 78 year olds (compared to four percent before) and 26% of 79 year olds (compared to four percent before) had received the shingles vaccination. The practice plan to re-audit to continue the significant improvement.

The nursing team had not been involved in any clinical audits, and this was confirmed by the staff we spoke with.

Through discussions with staff and a review of QOF data it was unclear if the practice were effectively monitoring outcomes for patients. We looked at the QOF data for this practice which scored 73.5%. The practice was performing below the CCG average of 96.6% and the national average of 94.2%. Specific examples of below national average QOF performance included:

- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was 0.24, this was below the national average of 0.61.
- 69.2% of patients with hypertension who have had a blood pressure reading measured in the preceding 9 months; this was below the national average of 83.1%.

We spoke with the practice manager and GPs who confirmed the low QOF achievement was due to the poor recording and coding of QOF on the practice system. One of the practice nurses was the designated lead to manage QOF performance. However, they were asked to undertake this in addition to their full clinical role. The management of the practice were aware of the areas where performance was not in line with national or CCG figures and we were told they were developing action plans setting out how these were being addressed. There was no evidence of these plans seen on the day of inspection.

The practice's prescribing rates were similar to national figures with the exception of non-steroidal anti-inflammatory medicines. The practice prescribed 80% which was slightly higher than the national average of 76%.

There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice also kept a register of patients identified as being at high risk of admission to hospital. Annual reviews were also undertaken for people with long term conditions such as Diabetes, COPD, Asthma and Heart failure.

Effective staffing

Practice staffing included GPs, practice nurses, managerial and administrative staff. We reviewed staff training records and saw that all staff had attended safeguarding vulnerable adults training and basic life support. However, we were unable to evidence that staff had received other mandatory training which were relevant to the staff members role.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice did not have an induction programme that prepared staff for their new role. Newly employed staff had not received comprehensive and structured induction training. Staff did not receive a regular appraisal of their performance to identify training, learning and development needs. Our discussions with staff who had worked at the practice for more than 12 months confirmed not all staff had an annual appraisal in the preceding year. The practice manager was fully aware of this and we were shown a plan of scheduled appraisals to be completed in September 2015. In the absence of recent appraisals the provider did not demonstrate how the staff were supported to deliver care safely and to suitable standards.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising these communications. We saw that all staff had signed a confidentially statement which outlines the responsibilities to comply with the requirements of Data Protection Act 1998.

Requires improvement

Are services effective?

(for example, treatment is effective)

Emergency hospital admission rates for the practice were relatively low at 10.1% compared to the national average of 13.6%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. We saw that the policy for disseminating hospital communications was working well in this respect. The practice undertook a regular audit of follow-ups to the process was effective.

There was evidence that the practice worked closely with other organisations and health care professionals. We saw that the GPs had regular multidisciplinary meetings with representatives from the community nursing team, mental health services and adult social care to discuss the needs of patients with mental health problems.

Information sharing

The practice had just installed a new electronic patient record system (EMIS web). We saw members of staff were still learning how to use the system. The new system enabled scanned paper communications, such as those from hospital, to be saved electronically for future reference.

Systems were in place for making referrals through the NHS e-Referral Service, which replaced Choose and Book system in June 2015. This system enables patients to choose which hospital they wished to be seen in and book their own outpatient appointments in discussion with their chosen hospital.

The practice have signed up to the electronic Summary Care Record (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). There was information on the practice website which gave further information and a statement of intent with reference to electronic patient records including information to opt out of Summary Care Record.

Consent to care and treatment

We found administration and reception staff had some awareness of the principles of the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. All the GPs and practice nurses we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

During our discussions staff described how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. These were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We were told that patients with a learning disability and those with dementia were supported to make decisions through the use of personalised care plans, which they were involved in agreeing. GPs were not able to locate any evidence of this and were also unable to confirm which of these patients had received an annual review. We found no evidence that patients with a care plan had their individual preferences for treatment and decisions recorded in their plans.

There was a practice policy for documenting consent for specific interventions. For example, for all minor procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. Patients we spoke with confirmed they had been sent a consent form to complete before the procedure. Staff told us how they explained procedures to patients and checked their understanding before any procedure or treatment was carried out.

Health promotion and prevention

The practice followed guidance and local initiatives set by the CCG to meet the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information was used to help focus health promotion activity.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. The practice had installed a new IT system less than a week before the inspection and we saw members of staff were still learning how to use the system. On the day of inspection, GPs we spoke with could not show us how patients were followed up if the health check had identified any risk factors in developing a long term condition.

The practice had methods of identifying patients who needed support, and it was pro-active in offering additional help. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This

Requires improvement

Are services effective?

(for example, treatment is effective)

was confirmed for us during our conversations with patients and GPs. This included advising patients on the effects of their lifestyle choices on their health and well-being.

There was a range of patient literature on health promotion and prevention including local smoking cessation information available for patients in the waiting area. Literature in several different languages was also available. The practice website provided patients with health advice and information about healthy lifestyles including comprehensive information about cardiovascular disease.

The practice told us and we saw evidence of a transient patient population; patients are often outside of the country for long periods. This had an impact on screening and recall programmes. A nurse we spoke with told us there were a number of services available for health promotion and prevention but it was known challenge given the practice population. Services available included clinics for the management of diabetes, chronic obstructive pulmonary disease (COPD), asthma and cervical screening.

The practice had identified the smoking status of 92.4% of patients over the age of 16 and actively offered nurse-led smoking cessation clinics to these patients.

The practice's performance for the cervical screening programme was 79%, which was inline with the national average of 81%.

The practice described the methods they employ to encourage patients to attend national screening programmes for bowel cancer and breast cancer screening, data from Public Health England indicates below average uptake in bowel cancer screening but success in breast cancer screening :

- 44% of patients at the practice (aged between 60-69) have been screened for bowel cancer in the last 30 months; this was lower than the CCG average of 50% and lower than the national average which was 55%.
- 71% of female patients at the practice (aged between 50-70) have been screened for breast cancer in the last 36 months; this was higher than the CCG average which was 66% and just below the national average which was 72%.

We saw limited health promotion and prevention advice offered to help patients with mental health problems. For example, the 2013/14 QOF data showed 34.5% of patients diagnosed with dementia had received a face-to-face review in the preceding 12 months. The practice had recognised this was significantly lower than the National average 83.8%. They had developed an action plan to increase the number of face-to-face reviews completed.

The practice had systems in place for monitoring immunisations in line with national guidance. Records showed the GP proactively sought and promoted improvement in immunisation management and this was evident in the immunisation data as the practice was above both local and national averages for influenza and childhood immunisations. Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 81.5% to 96.7% and five year olds from 87.3% to 99.1%. These were above the CCG and national averages.

Performance for influenza immunisations for the over 65's was comparable with the CCG average where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 74.1%, the CCG average was 74.0% and national average 72.8%.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National GP survey results (83 respondents), NHS Choices website (15 reviews) and comment cards completed by patients in the two weeks prior to inspection.

The results of the National GP Survey and NHS Choices website showed that improvements were needed for patient experience. For example, information from the National GP Survey indicates 52% of patients would recommend this surgery to someone new to the area. The CCG average was 75% and the national average was 78%.

There were a number of negative comments recently posted on the NHS Choices website where patients expressed concern about telephone access to the practice, long waits for an appointment and staff attitude. Prior to the inspection three positive reviews were added to the website. The overall rating of the practice was three out of five.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 21 completed cards and all but two were very positive about the service experienced. Patients said the practice offered an excellent service and staff were sincere, welcoming and caring. They said staff treated them with respect and were genuinely interested in their wellbeing. Two comment cards we received were less positive and made reference to the difficulty in obtaining an appointment and the other making comments regarding appointments being behind schedule.

The positive feedback was confirmed by all 11 patients we spoke with on the day our inspection. This included a member of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Staff and patients told us all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

None of the feedback received raised any concerns in relation to discriminatory behaviour or where patients' privacy and dignity was not being respected. Staff we spoke with were not aware of an equality and diversity policy and staff training records seen did not show that staff had received any training in this area. However, staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the GP and practice manager.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 64% said the last GP they saw was good at involving them in decisions about their care which was lower when comparing to the CCG average of 80% and national average of 81%.
- 62% said the last nurse they saw was good at involving them in decisions about their care which was lower when compared to the CCG average of 82% and national average of 85%.

Patients we spoke with and feedback on the comment cards we received was positive and did not align with these views. Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

The patient survey information we reviewed showed patients were unhappy about the emotional support provided by the practice and rated it low in this area. For example:

- 67% said the last GP they spoke with was good at treating them with care and concern which was below the CCG average of 82% and below the national average of 85%.
- 69% said the last nurse they spoke with was good at treating them with care and concern which was below both the CCG average of 82% and national average of 85%

However patients we spoke with on the day of our inspection and the comment cards we received highlighted staff responded compassionately when they needed help and provided support when required. One comment received on the day referred to the care co-ordinator at the practice.

The practice employed a care co-ordinator providing as much support through community settings as possible to enable patients to live independently for longer. The practice computer system alerted GPs if a patient was also a carer. We were shown a comprehensive tool kit available for carers to ensure they understood the various avenues of support available to them. The practice worked closely with the local social care team and Berkshire Carers Service to support carers including the promotion of completing a regular carers risk assessments.

The practice promoted access to a number of support groups and organisations through the care co-coordinator and literature in the patients' waiting room. We were told and we saw evidence of support services for young carers who care for a parent or another member of their family. We were also shown documents for patients' relatives regarding what to expect with end-stage dementia.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, patients with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. For example patients who were housebound were provided with regular contact and given priority when contacting the practice to organise appointments and treatments. We were able to see records of contacts and appointment scheduling for housebound patients which corroborated what we had been told.

The senior GP told us that they knew their patient population and was responsive to patient needs, we found the practice had limited effective systems in place to respond to the needs of the various population groups.

However, on the day of inspection we observed a patient with hearing difficulties attend a booked appointment. The practice arranges an approved signer to assist patients with hearing difficulties for pre-booked appointments. The appointment system identified the patient's needs and all members of staff who booked appointments knew how to arrange the signer.

There had been a turnover of GPs and nurses in recent years and this had impacted on the practices ability to provide continuity of care and accessibility to appointments with a clinical staff member of choice. Patients we spoke with told us that they often had appointments with different GPs and for those with serious conditions, this meant repeating details of their illness and medical history each time with the GP.

The practice was aware of this problem and advised patients can see a GP of their choice if they would like to pre-book and wait, but a great number of patients do not want to do this.

The results of the GP National Survey showed that 37% of the respondents who had a preferred GP, usually got to see or speak to that GP, which below the CCG average of 60%.

On the day, some patients told us there was a lack of continuity of care with different clinicians. The practice were using a long term locum GP to cover appointments and improve the continuity of care for patients.

Tackling inequality and promoting equality

The practice had recognised some of the needs of different groups in the planning of its services. For example, longer appointments were available for those with long-term conditions, learning disabilities and those experiencing poor mental health.

Current data on the ethnicity of the local population was not available. However, data from the 2011 census identifies the area as having a high percentage of different ethnic backgrounds and a large proportion of the patients speak English as a second language. We were told by the practice this was similar to other practices in the locality.

Prior to the inspection we received concerns from patients about difficulty in accessing translators. During the inspection we saw the practice had access to a translation service and used this service when a patient requested an interpreter. Patients whose first language was not English could bring a relative or friend with them to their appointment to translate for them if they preferred. The practice website carried a facility to translate information into over 50 different languages. This enabled patients to be involved in decisions about their care and treatment.

We were told the practice provided care to asylum seekers, homeless, refugees and the travelling community. One of the receptionists described how they used the practice address as a registration address for patients of "no fixed abode" and would register the patient so they could access services.

The practice provided treatment and care on two floors. There was no lift but we were told there were arrangements in place for any patient to be seen in a ground floor room.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. However we noted that the reception desk was at a high level which could create a barrier to those people who used a wheelchair.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Toilets were available for patients attending the practice, including accessible facilities with baby changing equipment. We noted there was no hearing aid loop in the practice.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

The surgery was open from 7am to 7pm on Monday and Wednesday and between 7am and 6.30pm on Tuesday, Thursday and Friday.

Some patients were unaware of the extended hours but most patients we spoke with on the day said the addition of the early morning (Monday-Friday) and late evening appointments (Monday and Wednesday) was much appreciated by the working population the practice supported.

Information on the practice website included opening hours, how to arrange urgent appointments, home visits, routine appointments and how to cancel appointments electronically. Patients were also given detail of the opening hours and contact details in the patient information pack when they registered with the practice.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse.

Patient feedback on the day of inspection was compared with the national GP survey responses and these showed a mixed response. Data from GP National Patient Survey had been reviewed as patients responded negatively to questions about access to appointments. For example:

- 57% described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 52% said they could get through easily to the surgery by phone which was significantly lower than when compared to the CCG average of 75% and the national average of 73%.

The practice had recognised they had to improve patient access and we saw a recent audit of the appointment system focusing on patients that did not attend booked appointments. In a three month period (April 2015-June 2015) there were 717 booked appointments where the patient did not attend. We saw a four stage action plan including plans to introduce telephone triage to reduce the number appointments where the patient did not attend.

Prior to the inspection we received concerns from patients about the difficulty in accessing appointments. However patients we spoke with on the day and feedback on the comments cards, suggested patients were satisfied with the appointments system and how it had improved. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice.

There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The 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. There were complaints/suggestion forms in the reception desk which patients could use to feedback any concerns. We saw information on the noticeboard encouraging patients to complain if they were unhappy with the service they had received. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 14 complaints received in the last 12 months. The practice provided evidence of complaints being discussed and actions documented. There was an annual review of written complaints, this was for the Health and Social Care Information Centre (HSCIC) and shared with practice staff.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice staff told us they wanted to deliver good quality safe care. The practice's vision was not clearly defined. Staff we spoke with were not aware of a vision or strategy and told us it had not been discussed with them. There was no business plan or long term strategy in place. The GP partners and practice manager told us this had been difficult to achieve due to the many changes, disputes and instability over the previous three years.

There were no details of the practice vision and practice values displayed in the waiting area or on the practice website.

The evidence found at this inspection identified that the practice was not meeting the aims and objectives within their statement of purpose. For example, in terms of QOF, monitoring outcomes was significantly lower than the CCG and national average indicating poor outcomes for individual patients. We identified significant concerns on the day of inspection including the management of medicines; this would have an impact upon providing a good quality and safe care.

The practice did not have a strategy describing how they would deal with future changes and demand. There was little innovation or service development.

Governance arrangements

The governance arrangements and their purpose were unclear and ineffective. We saw limited evidence to confirm how the practice monitored of performance effectively.

The practice had a number of policies and procedures in place to govern activity and these were available to staff. Staff were aware of the policies and procedures and where to find them when needed. While we saw the practice had developed and implemented policies and procedures there was some further work and updates needed. Specifically around the management of medicines, business continuity plan and supporting policies for infection control.

There was team structure with named members of staff in lead roles. For example, there was a nurse for infection control and the senior partner was the lead for safeguarding. Other members of the practice management team had been given clearly defined roles relating to complaints and reception. We noted the key lead roles worked in isolation and there was not overarching management or governance of their actions and responsibilities.

One of the nurses took a leadership role for overseeing systems were in place to monitor infection prevention control. However our discussions with them identified they had not received appropriate time and support to undertake the role effectively.

On the day of inspection it was unclear who was responsible for ensuring that actions relating to the operation and maintenance of the building were carried out. This was demonstrated within the evidence collated, which identified poor governance and highlighted an ineffective leadership team. Quality and safety were not the top priority for leadership.

Through discussions with staff and QOF data it was unclear if the practice were effectively monitoring outcomes for patients. The practice had scored 73.5% of the total QOF points available compared to the 95.4% CCG average and 94.2% national average. This was much lower than the previous years' QOF data, which showed the practice performance was in line with the CCG and national average. For example, QOF data for 2012/13 the practice scored 95.6% and in 2011/12 the practice scored 95.4% of the total QOF points available.

One of the nurses had was the lead in managing QOF data. However, there was little evidence that QOF data was discussed or action plans put in place to maintain or improve patient outcomes and the coding and recording issue. The main areas in need of improvement were in relation to outcomes for patients with Chronic Obstructive Pulmonary Diseases (COPD), diabetes, mental health and hypertension.

Some clinical audits were used to monitor quality and systems to identify where action should be taken. However, a programme of audits was not in place.

The practice had not identified, recorded and managed risks to ensure the safety of patients, visitors and staff. For example, health and safety risk assessments had not always been undertaken effectively, the 2013 fire risk assessment was overdue for a review, regular checks had not been undertaken and we identified numerous trip hazards whilst on the day of inspection.

Are services well-led?

Inadequate

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

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Leadership, openness and transparency

Following the changes, partner disputes and instability of previous years the practice manager was working towards developing a team where there was good leadership and a culture that was open. Staff we spoke with recognised this and were keen to be part of the new developments. They showed optimism for the future management style and leadership.

The GP partners were visible in the practice but the some of the staff we spoke with said they were not always clear about their own roles and responsibilities and those of others.

We saw from minutes that team meetings were held every month. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We noted that there had not been a team away day for several years but now the practice had stability planning an away day had been discussed.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the early stages of a patient participation group (PPG), surveys and written complaints received. Actions from the last patient survey had been identified and implemented to improve the service for patients. For example the practice had removed the heavy entrance doors and installed automatic sliding doors to enable easier access. We also saw plans for a waiting room screen which will assist in calling patients through to their appointments.

The practice had a virtual patient participation group (PPG) for several years and the practice had recently set up a physical PPG and we saw plans for the first meeting. Although in its infancy the PPG included representatives from various population groups within the practice's diverse community.

The PPG planned to meet regularly. Evidence of discussions with the practice identified how the PPG could work to assist and help Chatham Street Surgery provide a better patient experience. We spoke with one member of the PPG and they were very positive about their role and felt engaged with the practice.

We found that the practice had undertaken surveys to gather feedback from patients. We saw that they had developed actions to address issues raised from patient feedback. However, there were no dates to indicate when these actions would be completed or who would be responsible for implementation.

We did not see any evidence that staff surveys were undertaken but staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff, but some staff we spoke with were unaware of the specific purpose of a whistleblowing policy. Whistleblowing is where a staff member reports suspected wrong doing or misconduct at work.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. However it was difficult to evidence on the day of inspection which staff had undertaken which training and when. There was not a robust system to manage the update of mandatory training at the appropriate intervals.

Staff told us that regular appraisals had not taken place for a number of years. There were no recent appraisals documented in files but we were shown a schedule of appraisals for all staff planned for September 2015.

There was some evidence of learning and reflective practice. The senior GP and practice manager told us the practice supported clinical staff to maintain their clinical professional development through training and mentoring. Following discussions with several members of staff we found staff had not always received the training and support required. For example, it was identified by the practice that one of the concerns we found regarding recording fridge temperatures was as a result of insufficient time to support and mentor a new member of staff.

Are services well-led?

Inadequate

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

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients.

However we noted that significant events were recorded but some staff were not clear about what incidents should be reported. This could lead to some incidents not being reviewed as part of an effective governance system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users. The registered person must comply with the proper and safe management of medicines.** Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **We found the provider did not operate effective systems to ensure staff received appropriate support, training, professional development and appraisal.** Regulation 18 (2)(a)

This section is primarily information for the provider

Enforcement actions

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
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not ensured effective systems were operated to ensure compliance against regulation 4 to 20A and remain effective following inspection. There were inadequate systems for checking and monitoring refrigerator temperatures. In the logs that were available for this fridge, where high temperatures were recorded there was no evidence of any action taken. The provider had failed to implement effective systems to assess, monitor and improve the quality of service. The provider had failed to assess, monitor and mitigate risks relating to the health, safety and welfare of services users. Regulation 17 (1) (2)(a)(b)(f)