

Dr's Hollier, Williams, Wong and La Porta

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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 Drs' Hollier, Williams, Wong and La Porta (Tamworth House Medical Centre) on 4 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed; however, insufficient attention had been paid to infection control and fire safety and we found that some emergency equipment had expired.
- The practice nurse did not have valid legal paperwork in place to enable her to administer medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; however, we noted that the practice had higher than average

exception reporting rates compared to local and national averages in a number of areas. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however, some patients told us that confidentiality was not always well managed in the reception area.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients said they found it easy to make an appointment with a named GP and there was continuity of care. Other patients told us that it was sometimes difficult to access routine appointments and that they had difficulty in contacting the practice by telephone. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider **must** make improvements are:

- Ensure that there are effective processes in place to monitor the expiry date of all emergency medical equipment.
- Ensure that adequate processes are in place to identify and mitigate against risks associated with fire and infection control.
- Ensure that valid Patient Group Directions are in place to enable the practice nurse to administer medicines.

The areas where the provider **should** make improvement are:

- Ensure that all complaint responses adhere to current legislation and guidance.
- Review vaccine storage procedures.
- Put systems in place to store patient safety alerts and document the actions taken in response to safety alerts.
- Continue with strategies to encourage uptake of health reviews to reduce the practice's exception reporting rate in areas where this is significantly higher than local and national averages.
- Take steps to improve the management of confidentiality in the practice reception area.
- Continue to work on improving patient satisfaction with telephone access and access to routine appointments.

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.

Requires improvement



- Most risks to patients were assessed and well managed; however, we found that some emergency equipment had passed its expiry date, that there was no fire safety information for patients in the patient waiting area and that the practice had not identified or taken action to address all infection control concerns.
- Not all Patient Group Directions had been correctly completed to enable the practice nurse to administer medicines.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages; however, the practice's exception reporting rate was higher than local and national averages and benchmarking data showed that exception reporting had increased in 2015/16.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

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 in line with national and local averages for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had undertaken a review of patients who had unexpected admissions to hospital and fed back their findings to the CCG with a view to assisting other practices in identifying patients at risk and preventing future admissions.
- Feedback around access was mixed. Some patients said they found it easy to make an appointment with a named GP but others said that they had to wait too long for routine appointments and found it difficult to contact the practice on the phone. There were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and the provision of care. Although most risks were well managed we found that there were some areas including infection control, fire safety and the monitoring of emergency equipment which needed to be improved.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- 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.
- The practice had produced comprehensive care plans for those patients over 75 who resided in a care home or were housebound.
- The practice provided support to a number of patients in a local care home which accommodated elderly patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance for management of diabetic patients was in line with national averages; however, the number of patients with diabetes who had been exception reported was significantly higher than local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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.
- The practice ran a twice weekly anticoagulation clinic which could be used by patients from one of the neighbouring practices. The practice also held diabetic clinics three times per week.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The number of women who had received a cervical screening test was comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice held annual flu clinics for under 5s.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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 online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice held an annual Saturday flu clinic.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice told us that they currently had two homeless patients registered at the practice.
- The practice offered longer appointments for patients with a learning disability. The practice provided evidence that they had completed checks for all 40 of their learning disabled patients in 2014/15.
- 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had undertaken a review of patients on their unplanned admissions register and provided the CCG with a report on the most common reasons for patients unexpectedly attending secondary care.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for other mental health indicators was comparable to local and national averages.
- The practice met quarterly with a specialist mental health consultant to discuss 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was below national averages. Three hundred and one survey forms were distributed and one hundred and twenty six were returned. This represented 1.3% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards 13 of which were exclusively positive about the standard of care received. Four of the comment cards provided mixed feedback which referred to difficulties getting appointments.

We spoke with eight patients during the inspection. Half of the patients said they were completely satisfied with the care they received and thought staff were approachable, committed and caring. Others said that some staff could be bad tempered or would not involve patients about their care and treatment or did not explain medication well.

Dr's Hollier, Williams, Wong and La Porta

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 Dr's Hollier, Williams, Wong and La Porta

Drs' Hollier, Williams, Wong and La Porta (Tamworth House Medical Centre) is part of Merton CCG and serves approximately 9400 patients. The practice is registered with the CQC for the following regulated activities: Diagnostic And Screening Procedures, Surgical Procedures, Maternity And Midwifery Services, Treatment Of Disease, Disorder or Injury and Family Planning.

The practice is rated within the fifth most deprived areas in the country on the Index of Multiple Deprivation.

The practice is run by five GP partners of mixed gender, two advanced nurse practitioners and two nurses all of whom are female. The practice is a teaching and training practice hosting registrars and F2 doctors, medical students and nurses in training. The practice offers 34 GP sessions per week and the two nurse practitioners work 1.6 whole time equivalent.

The practice is open between 8 am to 6.30 pm Monday to Friday with extended hours access appointments available between 7 am and 8.40 am on Tuesdays and 6.30 pm and 7.50 pm on Wednesdays. Booked and emergency appointments are available five days per week.

The Drs' Hollier, Williams, Wong and La Porta (Tamworth House Medical Centre) operates from rented purpose built premises based over two floors. The practice is accessible through manual double doors and a manual door at the car park. Those who would have difficulty accessing the surgery through these doors could call staff using a call bell. Patients with mobility problems could be accommodated in one of the consulting rooms on the ground floor.

Practice patients are directed to contact 111 when the surgery is closed. The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Extended

Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and pneumococcal Immunisations, Learning Disabilities, Risk Profiling and Case Management, Rotavirus and Shingles Immunisation and Unplanned Admissions

The practice is part of GP federation Merton Health Services

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

Detailed findings

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

How we carried out this inspection

Before 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 4 October 2016. During our visit we:

- Spoke with a range of staff (GPs, advanced nurse practitioners, nurses, management, reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had ordered two batches of flu vaccines from different suppliers though only one batch number was used when making a record of the vaccination in the patients' records. Consequently there was no way for the practice to tell which batch had been given to which patients. As a result the practice made an entry into all of the patient's records noting the incident, wrote to all patients with a full explanation of the incident and ensured that in future they would order the entire batch of flu vaccines from one supplier to prevent the same error occurring in the future.

Though the practice had systems in place for cascading medicines alerts and we were told of action taken in response to recent alerts, there was no system in place to record action taken in response to medicines alerts and these were not stored centrally for clinicians to refer to when required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw evidence of meetings held with the local health visitor. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). None of the practice's non clinical staff acted as chaperones. No member of non-clinical staff had been subject to a DBS check. However the practice provided a risk assessment to support their decision not to DBS check non clinical staff on the basis that the risk to patients was minimal in light of the duties these staff members performed.
- The practice maintained appropriate standards of cleanliness and hygiene in most areas. We observed the premises to be clean and tidy. The practice told us that they currently had no designated infection control lead as the practice nurse who previously undertook this role had recently retired. We were told that responsibility for infection control was shared amongst various members of staff. The practice had risk assessed this arrangement and deemed it satisfactory until they had trained a new practice nurse to take on this responsibility. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However the chairs in the

Are services safe?

reception area were made of fabric and some were damaged presenting an infection control risk that was not identified during the last audit. In addition, immunity to infectious diseases including hepatitis B and MMR were not recorded for all staff.

- 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 reviews of polypharmacy and audits with the support of the CCG pharmacist team, 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. Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation; however, these had not been filled in with the practice name; though we saw that this had been completed at the end of our inspection. Patient specific directions from a prescriber enabled the nurse to administer other medicines not covered by their PGDs. The practice had four vaccine fridges. Although vaccines were generally well managed we found that three of the fridges did not contain sufficient space around vaccines to allow for air to circulate. The practice told us that this was a consequence of them having just received a large vaccine delivery.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

The majority of 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 administration office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills; however, the last fire drill was not undertaken when patients were in the building. There was no fire safety notice in the practice waiting area. This information was available in other areas of the practice and in the practice's health and safety policy. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Two of the practice partners had recently retired and practice was in the process of recruiting one new partner and intended to take on another. The practice also was currently recruiting for an additional practice nurse to replace a nurse who had recently retired.

Arrangements to deal with emergencies and major incidents

Overall, the practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks; however, we found two pieces of plastic tubing stored with the oxygen had expired in 2015 and 2009. A first aid kit and accident book were available.

Are services safe?

- 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 audits.

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 96% of the total number of points available. The practice's exception reporting rate was 15.6% comparative to 7.8% in the CCG and 9.2% nationally (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to local and national average; however, their exception reporting rate was higher than local and national averages. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared with the local average of 88% in the CCG and 88% nationally; however, the exception reporting rate was 24% compared with 6% in the CCG and 8% nationally. The percentage of patients with diabetes, on the register, who were recorded as having well controlled blood glucose levels in the preceding 12 months was 72% compared with 73% in the CCG and 76% nationally; however, the exception reporting rate was 21% compared to 10% in the CCG and 12%

nationally. The percentage of patients with diabetes, on the register, with a record of well controlled blood pressure in the past 12 months 76% compared with 76% CCG and 78% nationally; however, the exception reporting rate was 18% compared with 7% in the CCG and 9% nationally. Overall exception reporting for diabetes was 20% compared with 10% in the CCG and 11% nationally.

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 87% compared with 92% in the CCG and 88% nationally. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% which was the same in both the CCG and nationally. Exception reporting was comparable to local and national averages.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 77% compared with 76% in the CCG and 75% nationally; however, the exception reporting rate was 24% compared to 5% in the CCG and 8% nationally. The overall exception reporting rate for asthmatic patients was 21% compared with 5% in the CCG and 7% nationally.
- The practice's exemption reporting rate for patients with osteoporosis was 25% compared with 10% in the CCG and 13% nationally.

We saw evidence that the practice had systems in place for recalling patients for appropriate reviews and tests. Patients were sent two invites to attend for their reviews and a final letter providing a detailed explanation of why the review was necessary and asking them to complete and return a dissent form; although patients were allowed to attend subsequently should they change their mind. Patients were exception reported a minimum of a month after the last letter had been sent. The practice stated that in the majority of cases patients were exception reported due to them failing to attend review appointments. The practice provided the following reasons for poor attendance and the resulting high exception reporting:

Are services effective?

(for example, treatment is effective)

- Patients did not see the need for monitoring despite the explanation given.
- Patients feel they are too busy.
- Cultural factors.
- Language barriers.
- Fear of their condition and fear of being “told off” if they have not complied with previous advice given.
- Patients have declined treatments against medical advice.

The practice told us that 5% of patients exception reported were excluded for clinical reasons.

The practice provided us with information after the inspection in respect of action that they intended to take to address this concern including:

- Reviewing patients in exception reporting list to see if they are vulnerable including those with learning disabilities to try and find alternative ways of contacting them e.g. telephone contact.
- Call patients who have been exception reported consecutively for the past two years or more to confirm if the practice had correct contact information.
- Review invitation letter template and make it more reader friendly.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, the practice conducted an audit aiming to identify pre-diabetic patients with a view to providing education and advice which would reduce the number of patients who progressed to develop diabetes. In the first cycle 224 patients were identified as pre-diabetic. The practice took steps to raise awareness of pre-diabetic symptoms and put together information and advice packs to supply to patients with pre-diabetic symptoms. The number of patients coded and being provided with advice and support had increased to 310

at the time of the second audit. Another audit focused on the prescribing of tramadol after it had been identified that repeat prescriptions of this medicine were occasionally being issued without review and adequate consideration of the addictive qualities of this medicine. Random samples of patients prescribed this medicine were reviewed at the first and second cycle. At the end of the first cycle clinical staff were instructed to discuss with patients the potentially addictive properties of tramadol and undertake medicine reviews for patients prescribed this medicine every 12 months. The second cycle found that more patients had this medicine reviewed and discussion around its addictive qualities.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety, where to find practice policies and guidance and use of clinical systems.
- 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 had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, 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 on-going 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 district nurses on a monthly basis and the practice held meetings with health visitors and a mental health consultant on a quarterly 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, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

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.
- The practice hosted a weekly stop smoking advisor funded by the CCG and had previously received awards for their high quitting success rate.
- Patients could be referred to a dietician where appropriate.

The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average of 83% and the national average of 82%. The 2015/16 data provided showed an increased uptake rate compared to the previous year's performance. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and we spoke with patients who confirmed this. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 94% and five year olds from 67% to 92 %. The practice provided us with data for 2015/16 which again showed improved performance in this area.

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 or screens 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 area to discuss their needs; however, we were told by two patients that we spoke to that confidentiality was not well managed in the reception area and that they were able to hear personal patient information when they were standing at reception when receptionists were taking telephone calls.

All of the 17 patient Care Quality Commission comment cards we received were exclusively positive about the care they received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Four of the patients spoken to on the day of the inspection commented that care varied depending on which clinician they saw and that some GPs could be bad tempered, would not involve patients about their care and treatment or did not provide sufficient information about the medication prescribed.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to 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 national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Most patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and most said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Two patients reported that they sometimes felt rushed. Patient feedback from the comment cards we received was also positive and aligned with the positive views expressed. 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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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

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 230 patients as carers (2.6% 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 or by giving them advice on how to find a support service. Staff said that the level of support proactively offered by the practice depended on the relationship the GP had with particular patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had undertaken a review of patients who had unexpected admissions to secondary care and fed back their findings to the CCG with a view to sharing this with other practices who could better identify those most at risk of unexpected hospital attendances and take action to prevent these.

- The practice offered extended hours access on Tuesday morning between 7 am and 8.40 am and on Wednesday evenings until 7.50 pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities though we noted that the doors to the practice were heavy and could impede access for some patients. However there was a bell outside of the practice which alerted reception to patients outside who may have needed assistance with the doors. The practice offered a sign language and translation services those these services were not advertised in the reception area.

Access to the service

The practice was open between 8 am to 6.30 pm Monday to Friday with extended hours access appointments available between 7 am and 8.40 am on Tuesdays and 6.30 pm and 7.50 pm on Wednesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 50% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

Nearly all of the patients we spoke to on the day of the inspection told us that they had difficulties getting through to the practice on the telephone and that some found it easier to come to the practice in person to try and get an appointment. The practice told us that they had discussed the issue of telephone access with their Patient Participation Group (PPG). The practice ran a survey to see if they could offer next day appointments to patients who called in the afternoon, to reduce the number of calls the following morning. Results showed that patients who called in the afternoon preferred to have appointments in next 7 days. Therefore offering these patients a next day appointment would not likely reduce the morning call traffic. As a result the practice decided to offer 80% of their pre bookable appointments online. The practice said that they had also upgraded the phone system to ensure that patients would only call a single number and had increased the number of staff taking calls in the morning to try and respond to more calls. The practice said that they had considered introducing a call queuing system but had decided not to do so as there were concerned that this might result in complaints from patients about the cost they would incur while having to wait for their call to be answered.

People told us on the day of the inspection that if they were unable to get through on the telephone to make an emergency appointment they would attend in person or

Are services responsive to people's needs?

(for example, to feedback?)

book appointments online. Most patients we spoke with said that they would have to wait two weeks for routine appointments. The practice told us that they regularly monitored demand and capacity and tailored the split between emergency and pre booked appointments to the demand from patients. This varied on certain days of the week and during bank holidays and other busy periods.

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.

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 including a poster in the reception area and a complaints leaflet.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and showed openness and transparency. Some of the responses did not include information on external agencies patients could contact in the event that they were unhappy with the practice's response. Three of the complaints looked at did refer to issues around waiting times and access to appointments. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient attended the surgery after being informed by a local hospital that they needed to make an appointment with a GP. The patient was told that they did not need to be seen by a GP contrary to practice policy. This was discussed in a practice meeting and the correct policy was reinforced to all staff.

Are services well-led?

Good 

(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 which aimed to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy to ensure the succession of the partnership. This was documented in a formalised practice development plan provided after the inspection.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of care for patients; however, we identified some areas where improvements were needed to ensure patient safety:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had no one specifically designated as infection control lead; however, they had undertaken a risk assessment and apportioned responsibility for this between members of clinical staff until a new nurse could be appointed.
- Practice specific policies were implemented and were available to all staff.
- The systems and processes around the management of medicine required improvement as the nurse's Patient Group Directions had not been completed correctly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We found that most risks had been identified and mitigating action had been taken to address concerns; however, the practice's infection control audit had not identified infection control concerns identified on the day of the inspection, fire safety information was not clearly displayed in the waiting area, and some of the equipment stored with the practice's oxygen supply had expired.

Leadership and culture

Staff told us the partners 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
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, the practice had allocated additional disabled parking spaces as a result of patient feedback. The practice also supplied all staff with name badges in response to patient feedback.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, we saw that two of the nursing staff had worked together to develop a protocol for ear irrigation. 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</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 in that:</p> <ul style="list-style-type: none">• The practice did not have valid Patient Group Directions in place to allow the practice nurse to administer medicines legally.• Some of the practice's emergency equipment had expired.• Not all infection control and fire safety concerns had been addressed. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>