The Trafalgar Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Trafalgar Surgery on 25 April 2017. This practice was registered in September 2016 when the previous provider left the practice and the current principal took over responsibility for the practice. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were either not in place or were not sufficiently clear to keep them safe. For example, medicines expiry dates were unclear, vaccines were not stored safely and not all equipment was calibrated.
- Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. The practice did not review significant events formally so as to ensure that all events were being identified and responded to as required.
- Patient outcomes were in line with national averages, however there was no evidence of formal recall systems
- There was limited quality improvement in place and there was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity although there was a lack of systems for identifying carers.
- Patients were able to access appointments at short notice.
- Details of the formal complaints process were not made available to patients. The practice could therefore not be assured that all relevant formal complaints were being picked up.
- The practice had a clear leadership structure but had a limited formal governance framework, inaccessible policies and no active patient participation group.

The areas where the provider must make improvements are:

Summary of findings

- Develop effective systems and processes to ensure safe care and treatment including ensuring that staff have access to safeguarding policies and significant event processes are clear and are reviewed. This should also include developing clear risk management is in place (including in relation to infection control), and improving medicines management processes and medicines storage.
- Develop effective systems and processes to ensure good governance including development of formal recall systems, development of quality improvement systems, ensuring that patients were aware of the formal complaints process, an improvement of the governance framework (including clarifying access to policies and procedures) and developing patient participation.

The areas where the provider should make improvement are:

- Improve the identification of carers among the patient list.
- Review accessibility of services for patients with a hearing disability and those patients that do not speak English as their first language.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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.

- Staff were clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. The practice did not review significant events formally so as to ensure that all events were being identified.
- Patients were at risk of harm because systems and processes were either not in place or were not sufficiently clear to keep them safe. For example, medicines expiry dates were unclear, vaccines were not stored safely and not all equipment was calibrated.
- There was insufficient attention to safeguarding children and vulnerable adults. Staff did not have access to thorough policies and procedures.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, recall systems relied on the memory of the general practitioner rather than a formalised system.
- Staff were aware of current evidence based guidance.
- The practice had limited involvement in quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other some health care professionals to understand and meet the range and complexity of patients' needs. However, the practice did not meet regularly with district nurses or the palliative care and community mental health teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to others for all aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- The practice had not formally reviewed the needs of its local population, but there were arrangements in place to assist patients.
- Feedback from patients reported that access to a named GP and continuity of care was available quickly, and urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand, but patients were not made aware of the formal process. As such the practice could not be assured that complaints had been missed.

Are services well-led?

Inadequate

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

- The practice had a leadership structure and staff reported that they felt supported by management.
- The practice had some policies and procedures to govern activity, but some were missing or not accessible and others had not been reviewed in more than five years.
- The practice held some regular governance meetings, but discussions of key issues such as significant events were discussed on an ad hoc basis.
- The practice had not proactively sought feedback from staff or patients and at the time of the inspection did not have a regularly active patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

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

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

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

People with long term conditions

Inadequate

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

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the national average. The practice had scored 86% for diabetes related indicators in the last QOF which is similar to the national average of 89%. The exception reporting rate for diabetes related indicators was 4%, lower than the national average of 11%.
- Longer appointments and home visits were available when needed.
- There was an unclear system for follow up of patients requiring review outside of those followed up on an ad hoc basis by the GP.

Families, children and young people

Inadequate

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

Summary of findings

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However, staff did not have access to safeguarding policies and procedures.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 81% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.

People whose circumstances may make them vulnerable

Inadequate

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

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

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

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff recognised how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Inadequate

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

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

- Performance for mental health related indicators was similar to the national average. The practice had scored 87% for mental health related indicators in the last QOF, which was similar to the national average of 93%. The exception reporting rate for mental health related indicators was 0%, lower than the national average of 12%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results for 2015/16 showed the practice was performing in line with local and national averages. Three hundred and forty eight survey forms were distributed and 118 were returned. This represented 4% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 72% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were positive about the standard of care received. They reported that appointments were easy to access and that staff were helpful and caring, and treated them with dignity and respect. In particular, several respondents stated that the GP who managed the practice was caring.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Trafalgar Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included a GP specialist adviser.

Background to The Trafalgar Surgery

The practice operates 10 Trafalgar Avenue, London, SE15 6NR in the London Borough of Southwark. The practice is in a premises that has been converted from a residential property, and there are consulting rooms on two floors of the building, with a third floor used for administrative offices.

The practice has approximately 3,800 patients. The surgery is based in an area with a deprivation score of 3 out of 10 (10 being the least deprived). The practice population's age demographic is broadly in line with the national average. However, there are proportionally more patients aged between zero and 49 years and proportionally fewer patients aged over 60.

The GP team includes one practice principal plus a locum GP (1.75 whole time equivalent [WTE] combined to a total of 14 clinical sessions provided). The nursing team includes one female nurse who works 0.85 WTE and six clinical sessions, and there is a healthcare assistant post of 0.5 WTE, although this post was vacant at the time of the inspection. The clinical team is supported by a practice manager, a deputy practice manager and three other administrative or reception staff.

The practice is open from 8.00am to 6:30pm Monday to Friday. Extended hours are available between 6:30pm until 7:30pm on Wednesdays. The practice offers appointments throughout the day when the practice is open.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services and treatment of disease, disorder or injury.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England to share what they knew. We carried out an announced visit on 25 April 2017. During our visit we:

- Spoke with a range of staff (including two GPs, a nurse, the practice manager and assistant practice manager and three other administrative staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice did not have an effective system 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 that there had been one significant event in the last year, this related to a patient but was not related to clinical care. There were no formal processes in place to show how significant events were discussed in the practice such that it could assure itself that no serious untoward events were being missed.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We saw that meeting minutes were in some cases handwritten and as such information relating to learning from significant events was not available to all staff.
- The lead GP and practice manager detailed what actions they would take in the event that something went wrong with care and treatment. They told us that patients would be informed of the incident, that they would provide them with truthful information and a written apology.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding did not reflect relevant legislation and local requirements. On the day of the inspection visit, none of the staff at the practice were able to access the child protection policy and procedure, although a copy was subsequently provided. Staff interviewed demonstrated they generally understood their responsibilities regarding safeguarding. However, they were unaware of the more specific details of safeguarding processes that are detailed in a policy and procedure. There was a lead member of staff for safeguarding.
- Clinicians were trained to child protection or child safeguarding level three. Administrative staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. Two of the administrative staff who acted as chaperones were not trained for the role and had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice had inconsistent standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. However, we noted that cleaning schedules did not have tick boxes to be completed by the cleaner to assure that all areas had been cleaned and there was no formal system to review cleaning.
- The practice principal was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Infection control audits were undertaken, although we noted that an audit had not been completed for 16 months.
- Sharps boxes were not fixed to walls and were stored in the treatment room in such a way that they could easily be knocked onto the floor.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not consistently meet national guidelines:

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for

safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

- One of the refrigerators at the practice was broken at the time of the inspection. As a consequence, vaccines had been placed in the one remaining refrigerator which was significantly overstocked. Vaccines were pushed to the sides and back of the refrigerator so air could not circulate. There was evidence of frost on the boxes of two vaccines. The practice took action to address this following the inspection.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we noted that photographic identification had not been retained in the files of administrative staff.

Monitoring risks to patients

There were limited procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment. However, the practice did not regularly check the fire alarms and there were no logs of testing. Not all staff had been trained in fire safety. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had carried out checks to ensure that equipment was calibrated to ensure it was safe to use and was in good working order. However, the record showed that only one blood pressure monitor had been calibrated on the daythe engineers had attended, and other equipment had not been calibrated.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had insufficient arrangements 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 clinical staff received annual basic life support training. However, non-clinical staff had not all received training in the last year.
- Emergency medicines available in the treatment room. However, strips of medications had been removed from boxes and placed in a storage container. As a consequence it was not possible to determine the expiry date of the medications.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 did not monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records. There was also no formal mechanism in place for discussing and minuting discussions.

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 verified and published results were 96% of the total number of points available, similar to the national average of 95%. The exception reporting rate for the practice was 3.9%, which is better than the national average of 9% (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 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. The practice had scored 86% for diabetes related indicators in the last QOF which is similar to the national average of 89%. The exception reporting rate for diabetes related indicators was 4%, lower than the national average of 11%.
- Performance for mental health related indicators was similar to the national average. The practice had scored 87% for mental health related indicators in the last QOF, which was similar to the national average of 93%. The exception reporting rate for mental health related indicators was 0%, lower than the national average of 12%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators (relating to 12 patients) was 90% and was similar to the national average of 96%. The exception reporting rate for COPD related indicators was 9%, similar to the national average of 11%.

There were limited formal systems in place for recall of patients, rather it relied on the GP principal's familiarity with her patients. It was unclear what recall systems were in place in the absence of the GP principal. The practice did not have a safety netting system in place for following up two week referrals.

There was limited evidence of quality improvement including clinical audit. The practice had been involved in three CCG instigated medicines audits in the last year. However, these were audits instigated by the local CCG. There were no examples of audits initiated by staff at the practice.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.

- 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.

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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with health visitors on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. However, the practice did not meet regularly with district nurses or the palliative care and community mental health teams.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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, and smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 81% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Details of uptake rates were not available as the practice was newly registered with CQC.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients including a member of the previously operating patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% 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 93% and the national average of 95%
- 86% 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%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 85% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 83% 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%.

Good

Are services caring?

- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 82% 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 interpretation 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (1.1% of the practice list). This is lower than the national average. The practice referred patients to the local carers network where applicable. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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 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

The practice had not specifically 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. However, the practice did provide responsive services to patients in several areas:

- The practice offered extended hours on a Wednesday evening until 7.30pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- The service offered translation services, but reported that family members were more often used as translators. There was no hearing loop in place at the service.
- The practice was based across two floors, but patients who were less able to use stairs could request an appointment with the clinician of their choice on the ground floor.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Extended hours appointments were offered between 6:30pm and 7:30pm on Wednesdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in some areas, but low in others.

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 72% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 85%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 72% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

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

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The doctor working on any given day would field these queries and protected time was available. 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 a system for handling complaints and concerns.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 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 only limited information was available to help patients understand the complaints system. The website provided brief details of how to make a complaint and informed patients of how to request the policy and procedure. There was a notification in the reception area about complaints combined with information relating to a comments box. However, there was no information for patients detailing in full the practice's formal complaints process.

The practice had not received any recent complaints and there were limited records of verbal complaints from patients. On the basis that information relating to complaints was limited, the practice could not assure itself that complaints were being raised.

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 had a clear vision to deliver high quality care and promote good outcomes for patients. However, the vision that was in place was not realised with regard to the quality of safe and effective care provided by the service.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Some practice specific policies were implemented and were available to all staff. However, reviews for policies were in some cases overdue, and in other cases, such as in the case of child protection, policies were unavailable.
- The practice did not maintain a comprehensive understanding of the performance of the practice.
- There was no programme of quality improvement and audit at the practice was limited to medicinereviews instigated by the CCG.
- There were no formal systems in place to ensure that patients at high risk were regularly recalled for reviews.
- The practice did not have a formal business plan in place.

Leadership and culture

On the day of inspection the principal of the practice told us that they wanted to deliver high quality care. This was not demonstrated in the inspection and we found a lack of systems in place. In several areas systems had not been updated, and equipment or medicines were either not fit for use of the practice could not be assured that it was fit for use. However, staff told us the practice principal was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 managers at the practice told us that they provided a culture of openness and honest but could not evidence this.

The practice had a formalised leadership structure and staff told us that they felt supported by management..

- The practice held and minuted a range of multi-disciplinary meetings including meetings with health visitors to monitor vulnerable patients. However, the minutes of meetings were not all accessible to staff and in some cases had not been formally recorded.
- 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.
- Staff said they felt respected, valued and supported by managers in the practice. However, staff were not involved in decisions about how the practice was run.

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

The practice did not have formal processes in place to seek and review patient feedback.

- The practice had tried to continue a patient participation group but reported that they had struggled to do so given their small practice list size. We were told that it had been difficult to get patients involved, but that the goals of the group had been unclear.The practice did not have formal mechanisms for acting on patient feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was limited focus on continuous learning and improvement at the practice.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 1) SUIs - The practice did not discuss serious untoward incidents either in a designated meeting or as a standing item in clinical meeting. The practice had exceeded the review date set for this policy. 2) Equipment – Some equipment, specifically all but one of the blood pressure monitors, had not been calibrated in the last year. 3) Chaperones – None of the non-clinical staff who acted as chaperones had received chaperone training. The non-clinical staff had not received DBS checks. 4) Infection control – The practice was clean. However, the practice did not have a cleaning checklist in place to assure this. Sharps bins were not fixed to the wall. 5) Medicines management – All emergency drugs were stored outside of their boxes in small quantities, and as such it was impossible to determine the expiry dates of any medicines in pill form. The vaccine fridge was overstocked and medicines were pushed to the side and the back. 6) Referrals – The practice did not have a failsafe system for monitoring 2 week wait referrals.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 1) Audit – The practice did not have a system of audit in place outside of medicines audits requested by the CCG, and were not able to provide copies of other completed audits instigated by the practice.

This section is primarily information for the provider

Enforcement actions

2) Alerts - The practice received updates from NICE, MHRA and the GMC but there were no formal mechanisms to ensure that all relevant staff had reviewed them.

3) Governance meetings – The practice held MDT meetings with health visitors and had attempted to arrange regular meetings with district nurses. However, practice staff told us that there were no meetings with palliative care or mental health teams.

4) PPG – There was no active patient participation group in place, although the practice was small and had been trying (on an ad hoc basis) to recruit members for a meeting.

5) Policies – Policies were overdue review by up to a year and on the day of the inspection management staff were unable to locate policies and procedures quickly. Safeguarding policies and procedures were not available on the day of the inspection but were provide the following day.

6) Complaints – Detailed information on how to complain was not available to patients. There had been no complaints in the last 18 months.