Dr R S Durston & Partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R S Durston and Partners (Camberwell Green Surgery) on 30 August 2016. Overall the practice is rated as requires improvement.

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

- The practice did not have a policy for identifying and reporting significant events and some staff said that there were some significant events that had not been written up or reviewed due to time constraints.
- Some risks to patients were assessed and well managed although we found infection control risks that had not been identified and the practice's recruitment procedures did not ensure that patients were protected from harm. Additionally we found that prescription pads were not secured and not all of the practice's vaccine fridges had a failsafe thermometer. The practice's emergency medicines were not stored in a way that made them immediately accessible to staff and we found that one of the oxygen masks had expired.
- Safeguarding processes and procedures were not sufficiently effective.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received the clinical training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had been appraised within the last 12 months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Some patients said they found it easy to make an appointment but others said that they would have to wait up to two weeks to get an appointment with their preferred GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Some staff were not aware of who acted as the lead in certain areas. Staff said that they could feedback concerns and suggestions to management but also felt that decisions affecting their work were often taken without prior consultation and that changes were not communicated effectively. The practice proactively sought feedback from 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 improvement are:

- Ensure that there is a robust governance framework supported by clear and appropriate policies and procedures.
- Put in place processes to regularly monitor infection risks from staff and the working environment and take action to effectively mitigate any identified risk.
- Put in place effective recruitment and monitoring procedures which comply with current guidance and legislation and ensure appropriate indemnity insurance is in place for all staff.
- Ensure all staff are appraised every 12 months.
- Ensure that steps are taken to maintain the security of prescriptions and safety of vaccines.
- Ensure that all relevant staff understand and follow their legal obligations around consent and capacity legislation.
- Ensure that systems are in place to monitor the expiry date of emergency equipment and that emergency medicines are easily accessible.
- Ensure that all staff complete mandatory training in accordance with current guidance and legislation.

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

- Ensure that there are sufficient staff to provide a safe service.
- Review their processes around the registration and treatment of homeless patients.
- Ensure that all significant events are written up, reviewed and that action is taken where appropriate in a timely manner and put systems in place to record action taken in response to patient safety alerts.
- Review quality improvement work to ensure that audits and other quality improvement initiatives result in improved outcomes for patients.
- Ensure that care planning is undertaken for all patients where this is required, that there is effective information sharing with the local health visitor team and that palliative care meetings are documented.
- Improve the systems and process for involving staff in decision making and communicating change.
- Take action to improve patient awareness of translation, bereavement, carer support and mental health services in the waiting area and improve identification and the level of support offered to those with caring responsibilities or who have recently suffered bereavement.
- Continue to work on improving patient satisfaction with waiting times when they attend for an appointment.

We saw one area of outstanding practice:

- The practice had a Drug Misuse lead, who assisted in the running of a Substance Misuse Service for drug and alcohol users in conjunction with drug support workers. Over 80% of those patients who attend the clinic have remained on treatment for approximately nine years. The practice provided a letter from the current drug counsellor who stated that the conjoined working between the GPs in the practice and the counselling service had also improved the physical health of these patients.

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?

Requires improvement

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

- There was a system in place for reporting and recording significant events though the practice did not have a policy in place and we found evidence of some significant events where timely action had not been taken in response to concerns.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse were not sufficiently robust. For example some staff were not aware of the practice safeguarding leads and these were not designated in the practice policies. Emergency medicines were not easily accessible and prescriptions were not all securely stored.
- Risks to patients were not always assessed and well managed. For example there were issues around infection control that had not been acted upon and the practice did not conduct the requisite recruitment checks for all staff.

Are services effective?

Requires improvement

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

- Not all staff were familiar with the processes around consent and capacity for patients under 16 or those with learning disabilities and the staff we asked were not able to describe Deprivation of Liberty Safeguards assessments.
- Not all staff had been appraised within the last 12 months.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was no evidence that some staff had received child safeguarding training at the time of the inspection though training certificates were provided after our inspection.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance. However care planning for palliative care patients was inconsistent.
- One of the practice's clinical audits demonstrated quality improvement.
- We saw evidence that staff were meeting with palliative care team but staff told us that they were not meeting with health visitors. The notes from palliative care meetings were not sufficiently detailed to enable staff to identify the patients discussed.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about most services available was easy to understand and accessible. However translation services, carer support, bereavement and mental health services was not available in the waiting area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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 were participating in the holistic health assessment scheme; providing in depth holistic assessments for those over 65 and housebound or those over 80 who had not attended their GP within the previous eighteen months. The practice then put together a comprehensive package of care to meet these patient's health and social needs; involving a variety of organisation including those operating in the voluntary sector. The practice showed a copy of a new version of the assessment form which was more comprehensive and aimed to better identify patient needs. The practice said that they would start piloting this new assessment in October 2016.
- Some patients said they found it easy to make an appointment but others said that they would have to wait up to two weeks to

Summary of findings

get an appointment with their preferred GP. Urgent appointments were available the same day. The practice had replaced their previous morning walk in service with a telephoning triaging service which aimed to improve the availability of appointments for patients.
- 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.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However the practice's ability to implement this vision was limited by poor governance and a lack of clear leadership.
- There were clear leads for clinical areas but some staff were unaware of the leads for infection control and safeguarding. Some policies were absent or lack sufficient detail. The practice held weekly meetings focused on ensuring the financial viability of the practice.
- There were deficiencies in the practice's governance framework which undermined their ability to implement their vision to deliver good quality care. For example there were risks associated with infection control which had not been addressed, arrangements for dealing with emergencies were not always effective and recruitment processes were lacking.
- 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 though there was a lack of evidence to show that appropriate action had been taken in response.
- The patient participation group was active. Though staff were able to provide suggestions and voice concerns we were told that staff were not always consulted prior to decisions being taken which impacted on their daily work. Other staff said that change was not always communicated effectively.
- There was a focus on continuous learning and improvement and engagement with local initiatives and organisations.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 108 patients over the age of 75 who were considered at high risk of admission to secondary care. These patients were reviewed by a clinician on a quarterly basis and contact was made with these patients after any discharge from hospital to ensure that they had adequate care and support in place.
- The practice participated in the holistic health assessment scheme; providing comprehensive holistic assessments for those over 65 and housebound and those over 80 who had not attended their GP within the previous eighteen months. The practice then put together a comprehensive package of care to meet these patient's health and social needs; involving a variety of organisation including those operating in the voluntary sector.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and were supported by the practice's healthcare assistants. Patients at risk of hospital admission were identified as a priority.
- Performance in respect of patients with diabetes was comparable to local and national averages.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

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

- 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 we were told that the practice did not have regular meetings with the health visitor team. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage 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 runs a weekly antenatal and baby clinic with midwives from the local hospital.

Working age people (including those recently retired and students)

Requires improvement

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

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

Requires improvement

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice were unclear about their process for registering homeless patients and we were told that they would only register homeless patients on a temporary basis to provide emergency care but would not allow them to register permanently.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Though notes from palliative care meetings did not allow staff to easily refer back to the patients under discussion.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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. This information could be found in posters around the practice but was not detailed in the practice's child and adult safeguarding policies. Some staff were unaware of the practice lead for safeguarding. One of the nursing staff had not received the required level of safeguarding training and the practice could not provide a certificate for one of the GP partners at the time of the inspection. We were provided with evidence that this training had been completed after the inspection.
- The practice had two primary care navigators who could refer vulnerable or isolated patients to another agency for support. This agency had staff based within the surgery.
- The practice had a Drug Misuse lead, who assisted in the running of a Substance Misuse Service for drug and alcohol users in conjunction with drug support workers. Over 80% of those patients who attend the clinic have remained on treatment for approximately 9 years. The practice provided a letter from the current drug counsellor who stated that the conjoined working between the GPs in the practice and the counselling service had also improved the physical health of these patients.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

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

- 93% 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. We were told that the practice had undertaken 300 dementia screening assessments.
- Performance for other mental health indicators was in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations; though there was no literature about these services in the waiting area.
- 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. The practice worked in partnership with a local memory service to diagnose dementia in primary care. As a part of this service, patients were referred to a hospital-based memory service and were triaged and referred into the service for formal diagnosis and management where appropriate.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% 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%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 85% 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 13 comment cards which were all positive about the standard of care received.

We spoke with 15 patients during the inspection. All 15 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

Dr R S Durston & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Dr R S Durston & Partners

Dr R S Durston & Partners (Camberwell Green Surgery) is part of Southwark CCG and serves approximately 12,000 patients. The practice is registered with the CQC for the following regulated activities Diagnostic and Screening Procedures, Treatment of Disease, Disorder or Injury, Maternity and Midwifery Services and Family Planning.

The practice is located in an area ranked in the third most deprived decile on the index of multiple deprivation. It has almost double the national rate of unemployment. The rate of deprivation affecting children is almost 50% higher than the national average and the deprivation affecting older people is nearly triple the national rate. The practice had a higher proportion of working age patients and slightly lower proportion of patients over the age of 60 compared to other practices nationally.

The practice is run by five partners, one female and four male in addition to three salaried GPs who are all male. Seven of the GPs work whole time equivalent hours and one works half time equivalent. The practice has one advanced nurse practitioner, two practice nurses and two health care assistants who are all female. The practice is not a teaching or a training practice.

We were told that the practice had until recently experienced some financial difficulties which had caused the practice to doubt the financial sustainability of the business. However, the practice now undertakes weekly meetings where finances are discussed and has improved processes to ensure that they are generating enough money to keep the practice operational. In addition the practice had undertaken work around reducing the numbers of locum staff and improving patient access after consultation with the Local Medical Committee and NHS England.

The practice is open between 7.45 am and 6.30 pm Monday to Friday with the exception of Thursday when the practice closes at 8 pm. Extended hours appointments are offered between 7.30am and 8am Tuesday, Wednesday and Friday and telephone appointments between 7.30pm and 8pm on Thursdays. Same day appointments are available for those patients in need of urgent care and routine appointments can be booked up to two weeks in advance.

Dr R S Durston & Partners operates from a converted building which is owned by the partners. The service is accessible for those with mobility problems.

Practice patients are directed to contact local out of hours provider 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: childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, minor surgery (injections and minor aspirations), patient participation, rotavirus and shingles immunisation, unplanned admissions

Detailed findings

The practice is a member of GP federation Improving Health Limited and one of the partners is the clinical director.

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 to share what they knew. We carried out an announced visit on 30 August 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurses, healthcare assistants, practice management and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events though this was not documented in a formal policy and we found that there had been a delay in reporting some recent events. However the practice supplied a significant event policy document within 48 hours of our inspection.

- 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 though staff told of two events that they had not been able to write up due to time constraints.

The practice had systems in place to cascade patient safety alerts and these were stored in the practice manager's office so that staff could access them when required. However, there was no system in place to record actions taken.

Overview of safety systems and processes

The systems, processes and practices in place to keep patients safe and safeguarded from abuse, were not always effective:

- Arrangements to safeguard children and vulnerable adults from abuse were not sufficiently robust. Two members of staff were not clear of who the practice safeguarding lead was. The practice had a vulnerable child and adult policy and all staff were aware of where to access these policies. The child safeguarding policy had not been updated to reflect the appointment of a new lead and the adult policy did not detail the practice lead. However this information was available in all clinical areas and in reception. We were provided with an updated combined adult and child safeguarding policy which contained information on the practice leads. We were told that GPs were not regularly meeting with health visitors and the practice only had six patients on their child protection register. After our inspection the practice provided us with evidence that they had an additional 12 patients on their register. The practice could not give any examples of any safeguarding referrals that had been made. Staff demonstrated they understood what constituted a safeguarding concern. We found that one nurse had not received any child safeguarding training and the practice was unable to produce the child safeguarding certificate for one of the partners; though we were provided with evidence that they had requested this from the CCG.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role but none 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).
- Generally the practice maintained appropriate standards of cleanliness and hygiene. However we found one of the couches in one of the nurse's room was torn which presented an infection control risk and the light cords in all toilets were dirty. The practice informed us that they have taken action to address these issue 48 hours after our inspection. We observed the rest of the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice but some staff were not aware of who undertook this role. There was an infection control protocol in place though the practice did not have a policy which detailed what to do in the event of a spillage of bodily fluids. The practice provided a copy of a spillage policy. Annual infection control audits were not being completed. The practice did not hold a register of staff immunity to common communicable diseases including MMR and Hepatitis B. The practice

informed us 48 hours after the inspection that the immunity status of all staff would be recorded by 30 September 2016 that they now have records of all staff immunity to these infections.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms in printers were kept in locked rooms but were not securely locked each night. Systems were in place to monitor prescription use. Although vaccines were stored and handled appropriately not all of the fridges that contained vaccines had a second thermometer in case the fridge temperature gauge malfunctioned. One of the nurses had qualified as an Independent Prescriber 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 (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We were told that Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. PSDs 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 has assessed the patient on an individual basis
- We reviewed four personnel files and found appropriate recruitment checks had not always been completed prior to employment. For example both of the practice's healthcare assistants were not covered by any medical indemnity insurance. The practice informed us within 48 hours that applications had been submitted to add these staff to the group insurance scheme. One of the practice's health care assistants and none of the practice staff who acted as chaperones had received a DBS check and no other members of the reception or administrative team had any risk assessment regarding the requirement for a DBS check. The practice told us that they had submitted applications within 48 hours of the inspection. There was no proof of identification for a newly appointed member of staff or one of the healthcare assistants. We also found that the practice had not obtained sufficient references for staff members though some of these were provided within 48 hours of our inspection. The practice also did not have adequate systems in place to monitor the professional registrations of clinical staff.

Monitoring risks to patients

Most 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 reception office which identified local health and safety contacts. The practice had up to date fire risk assessments and carried out regular fire drills and fire safety awareness sessions. 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. We were told that staffing had been an issue for the practice and that they would often use locum GPs. Some staff told us that they did not think that the level of staffing was sufficient. However, we were told that the practice were in the process of recruiting a new permanent GP and another nurse to address this issue.

Arrangements to deal with emergencies and major incidents

The practice arrangements in place to respond to emergencies and major incidents. However, these arrangements did not always ensure patient safety.

Requires improvement

Are services safe?

- 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 three areas of the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks; though one children's mask had expired in April 2016. The practice confirmed 48 hours after the inspection that they had disposed of the expired mask and a replacement arrived at the practice on 6 September 2016. A first aid kit and accident book were available.
- The practice had a full supply of emergency medicines. However these were split into three containers and stored in three separate areas of the practice. Each container had a list of the medicine contained within attached to the lid but these lists did not correspond with the medicines inside. We found one vial of adrenaline which expired in 2015.All other medicines we checked were in date.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage but the plan did not include emergency contact numbers for staff and a copy of this was not held by any member of staff offsite.

Requires improvement

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 which were discussed in clinical meetings and used to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. The practice exception reported rate (those excluded from QOF assessment in accordance with various criteria) was 6%.

The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) amongst the practice population was lower than both the CCG and national average. On the day of the inspection we were shown data from Public Health England which confirmed that prevalence of CHD was lower in the practice's geographic area compared with the rest of the country. We saw evidence that the practice were actively trying to identify patients with this illness through new patient health checks and undertaking checks at medication reviews. We saw that the numbers of patients identified as having this condition had increased in 2015/16.

The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was higher than the CCG and national average. When we raised this with a member of staff we were told that they were aware that there prescribing in this area was higher than the national average and they believed that this was connected with their historically heavy reliance on locums who were not prescribing in accordance with guidelines. We reviewed the practice locum pack and found that this contained no antibacterial prescribing guidelines.

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 similar to the national average. For example the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 12 months was 89% compared with the CCG average of 88% and national average of 94%. Exception reporting was lower than both the local and national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared with 85% CCG average and 88% nationally. Again exception reporting was lower than the local and national average.
- Performance for mental health related indicators was similar or higher than local and national averages. 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 93% compared with a CCG average of 85% and a national average of 88%. Exception reporting was comparable to the local level and lower than the national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 92% compared with 80% locally and 84% nationally. Exception reporting was lower than both local and national averages.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits.
- There had been three clinical audits completed in the last two years, two of these were completed audits. Both demonstrated efforts made by the practice to improve patient outcomes but only demonstrated this.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, one audit aimed to increase the uptake of ambulatory blood pressure monitoring and the practice demonstrated improvement in uptake between the first and second cycle.

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 practice objectives, 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 and wound management.
- 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 nurse forums.
- From the staff files reviewed we found that there was no consistent programme of annual appraisals for staff. For example we found one healthcare assistant and one practice nurse had not been appraised. The practice provided a copy of the healthcare assistant's appraisal form within 48 hours of the inspection. The form indicated that the appraisal had been completed on the day of the inspection and confirmed that the nurse's appraisal had been completed on 30 September 2016. No salaried GPs had been appraised. 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However we found that one of the nurses had not completed safeguarding children training and the practice were unable to supply a safeguarding children training certificate for one of the partners, Evidence that training for both members of staff had been completed was provided after our inspection. 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. However the use of care planning for was not consistently applied.

- We saw evidence of care plans for patients who suffered from dementia or who were at risk of admission to hospital. However, not all staff were drafting care plans for palliative care patients. We reviewed the notes of two palliative care patients and found no care plan attached. When asked why there was little evidence of care planning for these patients we were told that this was a resourcing issue.
- Clinicians had access to 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 between one of the GPs and the palliative care team on a quarterly basis. However, these minutes were not taken in a way where clinicians could identify the patients being discussed and we saw some cases where updates from the meetings were not documented in the patient's records. We were told that practice staff would not regularly meet with the health visitor team.

Consent to care and treatment

Most 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

However, staff told us that they did not understand requirements around deprivation of liberty but this was not necessary as they did not look after any patients within nursing homes.
When providing care and treatment for children and young people, most staff carried out assessments of capacity to consent in line with relevant guidance. However, one of the practice nurses was not able to outline how they would assess the capacity of patients under the age of 16.

- We saw examples where GPs or a practice nurse assessed a patient's capacity and, recorded the outcome of the assessment when their ability to consent was unclear.

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. Patients were signposted to the relevant service.
- Patients were referred to a dietician or for support with smoking cessation where appropriate.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%. 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 providing translators for patients who spoke different languages and they ensured a female sample taker was available. The practice had comparable rates of attendance for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 84% to 95% and five year olds from 89% to 95%.

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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they would speak with them at a window at the side of the reception area.

All of the 13 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 a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 82% 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%.
- 82% 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%.
- 94% 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

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% 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%.
- 76% 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. However, there were no 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

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. However, we did not see any leaflets on local mental health support services in the waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified (0.5% of the practice list) as carers. There was no information in the practice waiting area to direct carers to avenues of support that were available to them though information was available on the practice website. We were told that there had previously been a carers group at the practice but this was no longer functioning. No one within the practice was able to outline any additional support the practice offered to those with caring responsibilities.

Staff told us that there were no specific arrangements in place for supporting bereaved patients and bereavement services were not advertised in the reception area. Staff told us that they would provide support and assistance, including access to double appointments, to family members if this was requested.

Good

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 instance, the practice were participating in the holistic health assessment scheme; providing in depth holistic assessments for those over 65 and housebound and those over 80 who had not attended their GP within the previous eighteen months. The practice then put together a comprehensive package of care to meet these patient's health and social needs; involving a variety of organisation including those operating in the voluntary sector. The practice showed a copy of a new version of the assessment form which was more comprehensive and aimed to better identify patient needs. The practice said that they would start piloting this assessment in October 2016.

- The practice offered extended hours access on Tuesday, Wednesday and Friday morning between 7:30am and 8am and on Thursday evening between 6.30pm and 7.30pm. Patients could also be referred to the Extended Primary Care Service which was open from 8am till 8pm seven days a week.
- 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.
- The practice did not offer travel vaccinations. The practice told us that this was because nursing hours had reduced and they no longer had the capacity to provide this service. Patients were directed to local clinics which offered these services.
- The premises were accessible to patients who used a wheelchair; however, the practice did not have a hearing loop available. Staff said that they would communicate with patients who were hard of hearing in writing. The practice offered translation services and interpreters could be booked to attend the practice where required. These services were not advertised in the reception area.
- The practice were unclear about their process for registering homeless patients and we were told that they would only register homeless patients on a temporary basis to provide emergency care but would not allow them to register permanently.
- The practice had staff who could be called on to translate at short notice in various languages including French, Spanish, Portuguese, Urdu and Yoruba.
- The practice introduced the Primary Care Navigator service whereby two members were trained to refer patients to appropriate local NHS and voluntary support services and well as being able to identify patients who are vulnerable and at risk of losing their independence. Forty one of the practice's patients had been referred to this service. The practice gave an example of one patient where the primary care navigator had referred a patient to an external agency which had two staff members permanently based at the surgery. A navigator for this agency had got the patient involved in a social activity they were interested in and helped them secure backdated financial assistance they were entitled to.
- The practice had a Drug Misuse lead, who assisted in the running of a Substance Misuse Service for drug and alcohol users in conjunction with drug support workers. Over 80% of those patients who attend the clinic have remained on treatment for approximately 9 years. The practice provided a letter from the current drug counsellor who stated that the conjoined working between the GPs in the practice and the counselling service had also improved the physical health of these patients.

Access to the service

The practice was open was open between 7.45am to 6.30pm Monday to Friday with the exception of Thursday when the practice closed at 8pm. Extended hours appointments were offered between 7.30am and 8am Tuesday, Wednesday and Friday and telephone appointments between 7.30pm and 8pm on Thursdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

However only 42% of patients said that they did not have to wait too long to be seen compared with the CCG average of 47% and national average of 58%. The practice had introduced a telephone triaging system in April 2016 to address this issue and now all patients who required a routine or same day appointment were triaged by a clinician. Half of the patients we spoke with on the day told us that they had no concerns about access the other half raised other concerns including long waiting times, preference for the previous walk in system and difficulties obtaining a routine appointment. The practice would refer non-complex patients with acute symptoms to the local Extended Primary Care Service (EPCS). The practice had audited their referrals into this service in the month of August and found that they were able to give 44 out of 45 patients their preferred appointment time at the EPCS.

Half the patients we spoke to on the day of the inspection told us that they were able to get appointments when they needed them. Other patients said that they could sometimes wait up to two weeks to book a routine appointment with a specific doctor.

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 information in the reception area.

We looked at four complaints received in the last 12 months and found that these were well handled. All patients received an apology where appropriate and were informed of corrective action taken to address things that had gone wrong. Lessons were learnt from individual concerns and complaints and action was taken to as a result to address concerns or improve the quality of care. We reviewed complaints that related to problems with the practice's repeat prescribing process and saw that action had been taken to improve the system to minimise the chance of errors occurring.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care. However deficiencies in governance and internal processes undermined this vision.

- The practice had a mission statement which was detailed in the practice's patient leaflet and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The practice's governance framework was lacking. The structures and procedures in place were not always clear and not all risks were well managed:

- The staffing structure wasn't always clear and we spoke to some staff who were not sure who to raise safeguarding concerns with or who the lead for infection control was. However there was clear leadership in respect of various clinical areas including palliative care and QOF.
- Some of the practice's policies did not contain all the required information for instance both the child and adult safeguarding policy. There was no policy which dealt with the spillage of bodily fluids and no policy concerning the identification and management of significant events; though a policy was provided within 48 hours of our inspection.
- We saw one example of a completed two cycle audit where improvement was demonstrated.
- Some staff were unclear about the processes for assessing consent and capacity and staff did not know about deprivation of liberty safeguards.
- Risks were not always well managed. For example the practice's recruitment processes were not thorough enough to ensure that checks were consistently undertaken prior to employment and that professional registrations were monitored. Infection control risks were not always acted upon. Processes around emergencies did not always ensure that staff could respond effectively. In respect of medicines management; prescriptions were not always secured when not in use and not all vaccine fridges had an additional failsafe thermometer.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff. However, some staff said that decisions would be taken without having the opportunity to provide input and that change was not always communicated effectively.

The provider was aware of the requirements of the duty of candour and although there was no policy in place at the time of our inspection, staff were aware of how to ensure compliance with this duty. (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). 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.

However, we were told of two significant events that had not been reported or processed due to lack of time.

- Staff told us the practice held regular team meetings though it was acknowledged that all practice staff rarely met together. The practice manager prepared an email bulletin for staff detailing all of the changes that had been discussed at business meetings held with the partners. The GPs held monthly clinical meetings and the partners met on a weekly basis to discuss business matters.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues.
- Most staff said they felt respected, valued and supported. Some staff told us that decisions were taken by the partners which affected their day to day work without any prior consultation. These staff members expressed frustration that they did not have the ability to feed into these changes and as a result the implementation was not always as smooth or effective

Are services well-led?

Requires improvement

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

as it could have been. Other staff said that change was not communicated effectively and that sometimes staff were questioned why they were not following amended processes that had not been communicated to them.

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

The practice encouraged and valued feedback from patients and the public. It proactively sought patients' feedback and engaged patients in the delivery of the service. Staff were able to raise suggestions and concerns with clinical staff and management.

- 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 management team. For example, the PPG were involved in redesigning the practice website to ensure that the wording was easy to understand and to improve overall accessibility. The practice had also decided to implement the telephone triage service on the basis of feedback from the PPG and the PPG had been tasked with promoting and explaining the new service to patients.
- The practice had gathered feedback from staff through staff meetings though we were told that these were not held frequently. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that the practice manager had an open door policy.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

For example the practice worked in partnership with a local memory service to diagnose dementia in primary care. As a part of this service, patients were referred to a hospital-based memory service and were triaged and referred into the service for formal diagnosis and management where appropriate. Once the initial pilot was completed the practice was planning to work with other practices in federation to expand the services to other surgeries in the locality.

The practice was active within the locality. For example one of the partners was a board member of the CCG and, though had now left this position, continued to work on a project which aimed to develop a local hospital into a primary care hub. One of the other partners was a director of the local GP federation and the practice manager was a member of the Local Medical Committee; involved in the negotiation of the new PMS contract.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **How the regulation was not being met:** • Staff did not understand requirements around deprivation of liberty safeguards. • One member of staff was not able to outline how they would assess the capacity of patients under the age of 16. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 **How the regulation was not being met:** 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: • Prescriptions were not securely stored. • Some of the practice's vaccine fridges did not have a failsafe thermometer. • Infection control risks had not been addressed. • Different emergency medicines were split into three separate areas of the practice and one of the practice's oxygen masks and a vial of adrenaline had expired.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 **How the regulation was not being met:** • There was no policy covering the spillage of bodily fluids. • The safeguarding policy did not contain correct information regarding the identity of the lead and there was no information on external safeguarding contacts. • There was no significant event policy. • Adequate recruitment checks had not been undertaken for all staff. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • Not all staff had received an appraisal within the last 12 months. • Not all staff had completed all role appropriate training. • There were no systems in place for monitoring the professional registrations of staff and some staff did not have medical indemnity insurance in place.

This section is primarily information for the provider

Requirement notices

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