

The Lyndhurst Surgery

Quality Report

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Date of inspection visit: 29 October 2014
Date of publication: 14/05/2015

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?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lyndhurst Surgery on 29 October 2014. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for 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 and people experiencing poor mental health (including people with dementia).

It was good for providing an effective, caring and responsive service.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- 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.
- Urgent appointments were usually available on the day they were requested.

The areas where the provider must make improvements are:

- Ensure safe systems are in place for the management of medicines. Repeat prescriptions to be reviewed and passed on to GPs to review where medication reviews are due.
- Ensure recruitment arrangements include all the necessary employment checks for all staff, including staff who acted as chaperones.

In addition the provider should:

Summary of findings

- Provide training for staff to ensure they are equipped with the knowledge and skills to effectively perform their job role. This includes training in chaperoning patients, equality and diversity and fire training.
- Ensure a Legionella risk assessment is completed to reduce the risk of infection to staff and patients.
- Ensure portable electrical equipment is routinely tested.
- Put in place procedures for dealing with emergencies including the action to take in the absence of a defibrillator.
- Ensure a fire risk assessment is completed to maintain fire safety.
- Improve opportunities for interaction between the two practice nurses and wider clinical team, to ensure they do not work in isolation.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, risks to patients were not assessed and systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. We found concerns in relation to the recruitment of staff, medicines management, anticipating events, management of unforeseen circumstances and dealing with emergencies. Staff were not trained in fire safety or how to chaperone patients safely.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Safe systems were not in place for the management of medicines. We found repeat prescriptions were not always passed on to GPs to review, where medication reviews were due. The practice had a palliative care register and had three monthly multidisciplinary meetings to discuss the care and support needs of patients on the palliative care register. We found GPs supported each other through their clinical meetings but practice nurses did not attend these meetings and worked in isolation.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The data from the GP Patient Survey 2014 told us patients had confidence in the clinical staff they saw. For example, out of 98 patients who completed the survey, 85% said the last GP they saw or spoke to was good at treating them with care and concern. Patients were positive about their experience during consultations with the GPs with 76% of practice respondents saying the GP was good at listening to them. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The practice had suitable 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 that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had a vision statement to be patient centred, listen and be responsive. Not all staff were aware of the practice's statement but all knew and understood what their responsibilities were in relation to providing a good quality service. There was a documented leadership structure and most staff felt supported by management. We found there were limited opportunities for staff development particularly the practice nurses. We found they were not involved in daily clinical meetings and worked in isolation. Significant events were discussed at staff meetings as and when required and was not a standing agenda item during these meetings. The practice also did not hold regular governance meetings and issues were discussed at ad hoc meetings. The practice proactively sought feedback from patients and had an active Patient Participation Group (PPG).

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care and had a range of services, for example, in dementia and end of life care. There was a vulnerable adults register in place. We saw that older patients identified at risk of isolation were discussed at monthly clinical meetings as well as multi-disciplinary meetings to address the support they required. There was an hospital admissions register for patients over 75 years old and the offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. Patients with long term-conditions had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. Both GPs we spoke with used national standards for the referral of patients with suspected cancers who were referred and seen within two weeks. We saw minutes from meetings where regular reviews of elective and urgent referrals were made, and improvements to practice were shared with all clinical staff. The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a national performance measurement tool. For example, 93% of patients with diabetes had an annual medication review and the practice met all the minimum standards for QOF in diabetes/asthma/chronic obstructive pulmonary (COPD) disease. For example, 93.8% of patients with COPD had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the last 12 months. We found

Requires improvement



Summary of findings

that 88.4% patients diagnosed with asthma were receiving intervention and had an asthma review in the last 12 months. The practice's performance with this clinical indicator was within the Clinical Commissioning Group's (CCG) average.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. Records demonstrated good liaison with partner agencies such as the police and social services.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. Both GPs demonstrated a clear understanding of Gillick competencies. These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment. Not all staff had completed child protection training to the required level.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders by the named practice nurse.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). Although the practice offered extended opening hours for appointments from Monday to Friday, patients could not book appointments or order repeat prescriptions online. Health promotion advice was offered but there was limited accessible health promotion material available at the practice.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

a register of patients living vulnerable circumstances including those with a learning disability but not for homeless people and travellers. It had carried out annual health checks for people with a learning disability, and had followed them up.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice had a palliative care register and had three monthly multidisciplinary case review meetings to discuss the care and support needs of patients on the palliative care register. We did not find evidence to suggest that the needs of these patient's families were discussed.

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

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health including patients with dementia. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia. It carried out advance care planning for patients with poor mental health.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Clinical staff had received training on how to care for people with mental health needs.

Requires improvement



Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP Patient Survey 2014 and a survey of patients undertaken by the practice in 2013. The evidence from both of these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The data from the GP Patient Survey told us patients had confidence in the clinical staff they saw. For example, out of 98 patients who completed the survey, 85% said the last GP they saw or spoke to was good at treating them with care and concern. Patients were positive about their experience during consultations with the GPs with 76% of practice respondents saying the GP was good at listening to them.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 19 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Two comments highlighted more appointments should be available but there were no common themes comment cards. We also spoke with seven patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Areas for improvement

Action the service **MUST** take to improve

- Ensure safe systems are in place for the management of medicines. Repeat prescriptions to be reviewed and passed on to GPs to review where medication reviews are due.
- Ensure recruitment arrangements include all the necessary employment checks for all staff, including staff who acted as chaperones.

Action the service **SHOULD** take to improve

- Provide training for staff to ensure they are equipped with the knowledge and skills to effectively perform their job role. This includes training in chaperoning patients, equality and diversity and fire training.

- Ensure a Legionella risk assessment is completed to reduce the risk of infection to staff and patients.
- Ensure portable electrical equipment is routinely tested.
- Put in place procedures for dealing with emergencies including the action to take in the absence of a defibrillator.
- Ensure a fire risk assessment is completed to maintain fire safety.
- Improve opportunities for interaction between the two practice nurses and wider clinical team, to ensure they do not work in isolation.

The Lyndhurst Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor.

Background to The Lyndhurst Surgery

The Lyndhurst Surgery operates from 53 Lyndhurst Drive, Leyton, London, E10 6JB. The practice provides NHS primary medical services through a General Medical Services contract to just over 3,400 patients in the Leyton area. The practice is part of the Waltham Forest Clinical Commissioning Group (CCG). It comprises of two full time GPs, one male and one female, a practice manager, two part time practice nurses and a small team of administrative staff. The practice is a training practice.

Appointments were available from 9.00am to 12.30pm and then from 16.30pm to 18.30pm on weekdays Monday to Friday. Extended opening hours from 18.30pm to 19.30pm operated on Tuesdays and Wednesdays. GPs also completed telephone consultations for patients.

Comprehensive information was available to patients about appointments at the practice which was displayed on a notice board in the waiting area. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on their circumstances. Information on the out-of-hours service was provided to patients through posters and leaflets available at the practice.

The practice had a GMS contract (Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provided a full range of essential services including maternity services, child and adult immunisations, family planning clinic, and contraception services.

The practice had a higher than average percentage of patients between the 45-49 year age group.

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.

Why we carried out this inspection

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

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. This 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.

This provider had not been inspected before and that was why we included them.

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

Detailed findings

what they knew. We carried out an announced visit on 29 October 2014. During our visit we spoke with a range of staff such as one of the GP partners, both practice nurses, the practice manager, administrative staff. We spoke with three patients. We reviewed comment cards where patients who visited the practice in the two weeks before our inspection gave their comments on the services provided. We reviewed personal care or treatment records of patients. We looked at the providers policies and records including staff recruitment files, staff training records, health and safety checks, infection control and complaints. We looked at how medicines were stored. 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. It reported incidents and used national patient safety alerts to protect patients. National patient safety alerts were disseminated by the practice manager to all practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at monthly practice meetings to ensure all staff were aware of any that were relevant to their practice and where they needed to take action.

We reviewed safety records, incident reports and minutes of meetings from the last two years. These showed the practice had managed incidents consistently and could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. There were records of significant events that had occurred during the last two years and we were able to review these. There was evidence that the practice had learned from significant events and the findings were shared with relevant staff. The staff team had recently discussed an incident where a member of the reception team by mistake had not posted a referral letter to the patient as requested by the GP. The letter was found the next day by one of the GPs. Following a review of the incident, an action plan was implemented which included strategies to manage reception staffs' workloads and all staff were instructed to read the practice protocol regarding posting letters.

Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at staff meetings and they felt encouraged to do so. However, significant events were discussed at staff meetings as and when required. It was not a standing agenda item during meetings.

Staff used incident forms to record significant events available on the practice intranet and sent completed forms to the practice manager. She showed us the system she used to manage and monitor significant events. We tracked two incidents and saw records were completed in a comprehensive and timely manner and action taken as a result. For example, we saw the records of a patient who

was administered insulin at home by a district nurse, when their blood glucose was already low. This was communicated to the matron instead of the GP at the practice. The GP was eventually informed and conducted a home visit the same day to ensure the patient's well-being. As a result key issues were discussed as part of reviewing and learning from the event with staff, which included further training for the district nurse. The practice explored preventative measures and identified that communication had be improved and arranged monthly multi-disciplinary meetings with a range of health care professionals including the district nurse.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that some staff had received relevant role specific training on safeguarding, except for two members of the reception team and a practice nurse. We asked the remaining members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible and were displayed in staff offices.

One of the GP partners was the GP lead in safeguarding vulnerable adults and children. All staff we spoke to were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

Both GPs had been trained to Level three, one of the practice nurse to Level two and some non-clinical staff to Level one. However, those who had not been trained had not been risk assessed. Following the inspection we received evidence from the provider confirming that all non-clinical staff had received training in safeguarding and the practice nurse had received Level three training in child safeguarding.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example children subject to child protection plans. GPs were appropriately using the

Are services safe?

required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. Records demonstrated good liaison with partner agencies such as the police and social services. We saw the medical notes of a child who was on the child protection register. An alert was in place and safeguarding notes had been completed by clinical staff. There was also a vulnerable adults register in place. Clinical staff attended children protection case conferences, reviews and serious case reviews where appropriate. Reports were sent if they were unable to attend and scanned into the system and the patient's medical records.

There was a system for reviewing repeat medications for patients with co-morbidities and on multiple medications, which was monitored by the quality outcomes framework (QOF), a system the practice completed to monitor their performance and in return for good practice received payment.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures and described the action to take in the event of a potential failure. The fridge temperature was taken each day and we found the fridge temperature had not been recorded on the 23 June 2014. We found six kits for the meningococcal C vaccine had expired.

Depo-Medrone, an injection steroid used to decrease inflammation in various different diseases and conditions, stated it had to be used before October 2014 was found in the fridge, when it was not required to be stored in there. Another medication's expiry date was hand written. We saw that a male urethral specimen was stored in the fridge when it should have been stored between 15 to 30 degrees. Systems for the management and storage of medications were not safe, which put patients at risk.

We saw records of clinical meetings that noted the actions taken in response to a review of prescribing data. For example, patterns and audits of oral nutritional supplements and medications such as lithium, pioglitazone and metoclopramide.

The two practice nurses administered vaccines using directions that had been produced in line with legal

requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that practice nurses had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. We checked five anonymised patient records which confirmed that the procedure was being followed.

We were informed by the practice manager all prescriptions that were not on repeat or required a medication review were passed on to the GPs to action. A 48 hour turnaround time was in place to action prescriptions. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times in a secure cupboard. The practice had a member of the reception team who processed and reviewed repeat prescriptions. We observed the member of staff process four repeat prescriptions. Out of the three, one was incorrectly issued. The patient was issued a controlled drug although they were due a medication review. This did not ensure safe medication practices.

Cleanliness and infection control

We observed the premises and treatment rooms to be clean and tidy. However, we found high surfaces had a gathering of dust. Weekly cleaning schedules were in place and written records were kept of this. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness. Disposable curtains were in place in each treatment room which were replaced every six months, however a written record to evidence when the curtains were changed was not in place. Following the inspection we received evidence from the provider confirming that written records were in place to record when the curtains needed changing.

One of the GP partners was the practice lead for infection control and had undertaken training to enable them to provide advice on the practice infection control policy and carry out staff training. All of the staff team had recently received infection control training which was also covered in the induction programme for new staff. The practice had

Are services safe?

carried out infection control audits for each of the last three years and any improvements identified for action were completed on time. Minutes of practice meetings showed the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury,

Notices about hand hygiene techniques were displayed in staff and patient toilets, as well as all treatment rooms. Hand washing sinks with hand soap, hand gel and hand towel dispensers were also available in these rooms.

A policy for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings) was not in place. The practice had not completed a risk assessment to identify whether they required a full Legionella test.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. Calibration of relevant equipment was completed on an annual basis; for example for the vaccine fridge, ultra sound, spirometer, weighing scales, defibrillator and nebuliser. However, portable electrical equipment had not been tested routinely and a current certificate to confirm the safety of appliances was not in place.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had not been undertaken prior to employment. We looked at two staff files for clinical staff and one staff file for a member of the reception team. Out of the three files, two did not have two references and all three did not have completed application forms. Criminal records checks through the Disclosure and Barring Service (DBS) had not been obtained for both clinical staff and non-clinical staff who were acting as chaperones. The lack of recruitment checks placed patients at risk.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff required to meet patients' needs. We saw there was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Locum GPs were employed to cover both GPs' annual leave or sickness periods.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building and the environment. The practice had a health and safety policy. Health and safety information was displayed for staff to see in the staff office and there was an identified health and safety representative who was the practice manager.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions were recorded to reduce and manage the risk. We saw that any risks were discussed at GP partners' meetings and within team meetings. For example, the practice manager had shared the recent findings from an infection control audit with the team and the risks for not following it.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support in January 2014. The emergency equipment in place was an oxygen cylinder and an emergency drugs bag. These included drugs for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. The emergency medicines we checked were in date and fit for use. We spoke with members of the reception team who were knowledgeable about what to do in the event of an emergency and knew the location of emergency equipment and records confirmed that it was checked regularly. However, an automated external defibrillator (AED; used to attempt to restart a person's heart in an emergency) was not in place and a risk assessment had not been completed. Staff were unaware of where the nearest defibrillator was located. We discussed this with the practice, at the time of our inspection, and they agreed to take immediate action to resolve the issues.

Are services safe?

A formal business continuity plan was in place to deal with a range of emergencies that would impact on the daily operation of the practice such as a power failure, adverse weather, unplanned staff sickness and access to the building. The practice manager informed us she was responsible for managing expected and unexpected absences which could cause disruption to the running of the practice. Staff were able to quickly cover each other's roles in the event of emergency absence.

All fire equipment such as the fire alarm and extinguishers had been checked and were in good working order. The practice had not carried out a fire risk assessment to maintain fire safety. Records also showed that staff were not up to date with fire training and had not participated in regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians aimed to follow best practice such as the National Institute for Health and Care Excellence (NICE) guidelines when making clinical decisions. We saw minutes of practice meetings where the implications for the practice's performance and patients were discussed and the required actions agreed. The staff we spoke with and the evidence we reviewed confirmed these actions were designed to ensure each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs staff completed thorough assessments of patients' needs in line with NICE guidelines and these were reviewed when appropriate.

We found GPs supported each other through their clinical staff meetings but practice nurses did not attend these meetings and worked in isolation. Our review of the clinical meeting minutes confirmed that practice nurses did not attend these meetings and there was very little interaction between the two practice nurses.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. We were shown the process the practice used to review patients recently discharged from hospital, the system was effective and safe.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. Both GPs we spoke with used national standards for the referral of patients with suspected cancers who were referred and seen within two weeks. We saw minutes from meetings where regular reviews of elective and urgent referrals were made, and improvements to practice were shared with all clinical staff.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child

protection alerts and medicines management. However, the information staff collected was not collated by the practice manager to support the practice to carry out clinical audits but were completed in response to the drug prescribing incentive scheme.

The practice showed us seven clinical drug audits completed through the drug prescribing incentive scheme that had been undertaken in the last two years. The GPs told us clinical audits were often linked to medicines management information and safety alerts. We saw seven audits and the practice was able to demonstrate the changes since the initial audits. One was a completed audit which looked into the use of oral nutritional supplements. As result of the audit, areas were identified for improvements, results were disseminated with the practice and an action plan was devised. Other examples included audits on the prescription of medications such as Simvastatin, Pioglitazone, Lithium and metoclopramide. Patients receiving these medicines received a medication review and had their medication changed where appropriate and GPs altered their prescribing practice, in line with the guidelines.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF is a national performance measurement tool. For example, 93% of patients with diabetes had an annual medication review and the practice met all the minimum standards for QOF in diabetes/asthma/chronic obstructive pulmonary disease (COPD). For example, 93.8% of patients with COPD had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the last 12 months. We found that 88.4% patients diagnosed with asthma were receiving intervention and had an asthma review in the last 12 months. The practice's performance with this clinical indicator was within the Clinical Commissioning Group's (CCG) average.

The GPs were making use of their QOF figures to assess their performance. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

Are services effective?

(for example, treatment is effective)

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff were instructed to regularly check patients receiving repeat prescriptions had been reviewed by the GPs, but this was not always followed.

Staff checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicine alerts when the GPs were prescribing these medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice had a palliative care register and had three monthly multidisciplinary meetings to discuss the care and support needs of patients on the palliative care register. We did not find evidence to suggest that the needs of these patient's families were discussed to identify their needs and how they could be met.

Effective staffing

Practice staffing included two full time GPs, two part time practice nurses, a practice manager and a team of administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. Both GPs were up to date with their yearly continuing professional development requirements and had been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

All staff undertook annual appraisals that identified learning needs from which action plans were documented.

The practice was a training practice, doctors who were training to be qualified as GPs had access to a senior GP throughout the day for support.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, X ray results and letters from the local hospital including discharge summaries, out-of-hours GP

services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held multidisciplinary team meetings every three months to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice also made referrals through the Choose and Book system. The Choose and Book system enabled patients to choose which hospital they would like to be seen in and to book their own outpatient appointments in discussion with their chosen hospital. Staff reported that these systems were easy to use.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. They used the computer system to scan paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found staff were aware of The Mental Capacity Act 2005, The Children Acts 1989 and 2004 and their duties in fulfilling their requirements. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Are services effective?

(for example, treatment is effective)

Patients with a learning disability were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it and had a section stating the patient's preferences for treatment and decisions. The practice showed us five care plans that had been reviewed in the last year. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. Both GPs demonstrated a clear understanding of Gillick competencies. These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

Monthly meetings with the local Clinical Commissioning Group and clinical staff were taking place which allowed information to be shared about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information could be used to help focus health promotion activity.

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were offered an annual physical health check. The practice nurses actively offered nurse-led smoking cessation clinics to patients. Health promotion advice was offered but there was limited accessible health promotion material available through the practice. For example, the practice nurse told us she used health promotion leaflets to inform patients but there were none available in her treatment room. She also informed that she would direct patients to online resources but was inaccurate on web sites to direct patients to.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders by the named practice nurse.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP Patient Survey 2014 and a survey of patients undertaken by the practice in 2013. The evidence from both sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The data from the GP Patient Survey told us patients had confidence in the clinical staff they saw. For example, out of 98 patients who completed the survey, 85% said the last GP they saw or spoke to was good at treating them with care and concern. Patients were positive about their experience during consultations with the GPs with 76% of practice respondents saying the GP was good at listening to them.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 19 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Two comments highlighted more appointments should be available but there were no common themes to these comment cards. We also spoke with seven patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

We saw staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped patient information to be kept private. In response to patient confidentiality, patients could speak to reception staff in a private room and notices were displayed in the reception areas informing patients of this option.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would conduct an investigation and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Patients whose circumstances may have made them vulnerable were able to access the practice without the fear of stigma or prejudice and staff treated people from these groups in a sensitive manner. Patients with no fixed abode were able to register with the practice.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed and comment cards we received showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, data from the NHS England patient survey showed 72% of respondents said the GP involved them in care decisions with 21% stating it was neither good nor poor. 72% of patients felt the GP was good at explaining treatments and results. The results from the practice's own satisfaction survey showed that 22 patients made positive comments regarding their experiences of the practice.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on CQC comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients of this available service.

There was a chaperone policy, which was displayed in treatment rooms and in the patients' waiting area. The policy stated only clinical staff acted as chaperones and had received the appropriate training. However, the practice manager informed us that reception staff and the practice nurses acted as chaperones, which was not in line

Are services caring?

with the information given to patients in the practice policy. We did not see evidence of chaperone training for reception staff acting as chaperones. This put patients at risk, as we were not assured staff had understood their responsibilities when acting as chaperones.

Patient/carers support to cope emotionally with care and treatment

The practice did not offer patients a website, but information about the practice could be accessed through other websites which informed patients of opening times, available clinics and facilities at the practice.

The practice offered patients information as to what to do in time of bereavement and also referred them to a local counselling service. Notices in the patient waiting room, told patients how to access a number of support groups and organisations.

We saw that older patients identified as at risk of isolation were discussed at monthly clinical meetings as well as multi-disciplinary meetings to address the support they required. Patients over 75 years old were on the avoidable admissions register to help avoid hospital admissions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

We found the practice to be actively involved in its a Patient Participation Group (PPG) which met every three months. A virtual PPG group was also set up, where patients were involved with the PPG through email, phone, text and letters. We spoke with two members of the PPG who said they were very happy with the efforts the practice had taken to involve patients in their care and taken action to improve services. For example, one member told us that the attitudes of reception staff had improved after concerns were raised around staff attitudes at one of the PPG meetings.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. We saw the numbers of patients on the learning disability register, those experiencing poor mental health, children and adults on the vulnerable risk register. There was a palliative care register and the practice had regular three monthly palliative care meetings, which we saw minutes of, to discuss patients and their support needs.

The practice had not provided equality and diversity training to its staff team and did not discuss equality and diversity issued at staff appraisals or team meetings.

The premises and services had been adapted to meet the needs of people with disabilities and there was pram and wheelchair access throughout the premises. As well as a disabled toilet there were also baby changing facilities. The practice was situated on the ground floor with all services provided to patients on this floor.

Access to the service

Appointments were available from 9.00am to 12.30pm and then from 16.30pm to 18.30pm on weekdays Monday to Friday. Extended opening hours from 18.30pm to 19.30pm operated on Tuesdays and Wednesdays. GPs also completed telephone consultations for patients. Outside these hours, patients were advised to contact the out of hours service.

Comprehensive information was available to patients about appointments at the practice and was displayed on a notice board in the waiting area. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on their circumstances. Information on the out-of-hours service was provided to patients through posters and leaflets available at the practice.

Longer appointments were also available for people who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were also made to these patients and any other patients who needed one.

Patients were satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. One patient we spoke with told us how they needed an urgent appointment and were seen by their GP the same day. They told us they were very pleased with the appointment system.

The practice's extended opening hours during the weekday evenings were particularly useful to patients with work commitments. However, we did not find an online booking system for appointments which would improve patient access the practice

Appointments were made available outside of school hours for children and young people and we saw that premises were suitable for children and young people. Young people could speak to staff in private.

Listening and learning from concerns and complaints

The practice had a 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. The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

We saw that information was available to help patients understand the complaints system such as posters displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found all were satisfactorily handled and were dealt with in a timely way. Each complainant was written to, discussing their complaint in detail and were invited to see the practice manager with an aim to resolve their complaint. All complaints were thoroughly recorded and

we saw evidence of openness and transparency when dealing with complaints. All verbal complaints were recorded in writing to ensure they were not missed and were also responded to in writing.

The practice reviewed complaints on an on-going basis to detect themes and trends. Complaints were discussed at clinical and practice team meetings to ensure lessons were learned from individual complaints. We saw from the minutes that complaints were routinely discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

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

Clinical staff did present a commitment to providing patient centred care in a safe and comfortable environment. Although the practice had clear aims and objectives the seven staff members we spoke with were not able to articulate them. Following the inspection we received evidence from the provider confirming that staff a vision statement had been devised.

A business continuity plan was in place, and there was evidence of further development for the practice and clarity around the challenges and opportunities. The statement of purpose was not displayed for patients and staff to view.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice and hard copies were placed in the staff room. The policies and procedures we looked at had been reviewed annually and were up to date. For example, these included policies on safeguarding, complaints and infection control. However, staff had not completed a cover sheet to confirm when they had read and understood the policies. Following the inspection we received evidence from the provider confirming that staff had read and understood the policies and had signed written records to evidence this.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards and total QOF points were at 97.56%. We saw that QOF data was discussed regularly at team meetings and action plans were produced to improve outcomes for patients.

The practice was carrying out regular medicine incentive audits and using them in a systematic way to improve outcomes for patients. The practice would also benefit from completing other audits related to the running of the practice, to monitor its performance and improve efficiency.

Leadership, openness and transparency

There was a clear leadership structure with named members of staff in lead roles. For example, there was a GP lead for infection control and one of the GP partners was

the lead for safeguarding, medication and management. We spoke with five members of staff who told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held monthly and always took place. Staff told us that there was an open culture within the practice and they had the opportunity to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example the induction policy and recruitment policy, which were in place to support staff. They were detailed and provided appropriate guidance for staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

We found the practice to be involved with their Patient Participation Group (PPG). We spoke with two members of the PPG who said they were very happy with the efforts the practice had taken to involve patients in their care. They told us that the PPG met regularly and the meetings were attended by the practice manager. Following the inspection we received evidence from the provider confirming that an action plan had been formulated based on the practice survey, highlighting learning and change as a result.

The practice reviewed complaints on an on-going basis to detect themes and trends. Complaints were discussed at clinical and practice team meetings to ensure lessons were learned from individual complaints. We saw from the minutes that complaints were routinely discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

We found there were limited opportunities for staff development particularly the practice nurses. We found they were not involved in daily clinical meetings and worked in isolation.

Are services well-led?

Requires improvement 

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

The practice had a system in place for reporting, recording and monitoring significant events. There were records of significant events that had occurred during the last two years and we were able to review these. There was evidence that the practice had learned from significant events and the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at staff meetings and they felt encouraged to do so. However, significant events were discussed at staff meetings as and when required and was not a standing agenda item during these meetings.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. She showed us the system she used to manage and monitor incidents. We

tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example, we saw the records of a patient who was administered insulin at home by a district nurse, when their blood glucose was already low. This was communicated to the matron instead of the GP at the practice. The GP was informed and conducted a home visit the same day to ensure the patient's well-being. Key issues were discussed as part of reviewing and learning from the event with staff, such as further training for the district nurse. The practice explored preventative measures and identified communication had be improved and arranged monthly multi-disciplinary meetings with a range of health care professionals including the district nurse.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users. The management of medicines was not proper and safe.</p> <p>Repeat prescriptions must be reviewed and passed on to GPs to review where medication reviews are due.</p> <p>This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12.-(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The care and treatment of service users was not meeting their needs.</p> <p>There was not an automated external defibrillator (AED; used to attempt to restart a person's heart in an emergency) at the practice or a risk assessment.</p> <p>This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9.-(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Recruitment procedures were not established or operated effectively to ensure that fit and proper persons were employed.

Recruitment checks were not in place to ensure staff working and who acted as chaperones, were properly vetted to ensure the protection of people using the service.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19.-(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.