

Spring Farm Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
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 Spring Farm Surgery on 17 February 2016. Overall the practice is rated as requires improvement.

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.
- Robust systems were not in place to review the blood test results of patients on medicines such as methotrexate that require regular blood tests in accordance with NICE guidance.
- There was no defibrillator at the main practice and no risk assessment to ensure the safety of this had been carried out.
- The provider was aware of and complied with the requirements of duty of candour.
- Risks to patients were not well managed, not all staff had references in their files and there was no fire risk assessment, smoke or fire detectors, or fire drills carried out.
- Immediate actions highlighted in the infection control audit had not been carried out and there was no legionella testing. There was no evidence that cleaning schedules were being followed and we found surface dust in many areas of the practice.
- The vaccine fridge had frozen over damaging the integrity of many vaccines. Some emergency drugs were out of date as well as syringes and needles.
- There were no completed audit cycles to drive and improve patient outcomes.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice did not use an interpreting service, patient's family members were used as interpreters.
- Patient satisfaction scores were low and the practice had done nothing to address this.

Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information about services was available and displayed around the practice, however there were no posters informing of the chaperone service.
- Staff were trained and had the skills, knowledge and experience to deliver effective care and treatment.
- 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 areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical audits and re-audits to improve patient outcomes. Mitigate risks associated with fire, legionella and infection control. Ensure equipment and medicines used in patient treatment and emergencies are available, regularly checked and in date.
- Mitigate risks associated with reviewing blood test results before the prescribing of certain medicines in accordance with NICE guidance.

In addition the provider should:

- Ensure learning and outcomes from significant events and incidents are shared with all relevant members of the practice.
- Review arrangements for the patient participation group that would allow for regular meetings and patient input into the services provided.
- Review processes for patient interpreting and chaperoning.
- Review and update the practice's procedures and policies.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice did not maintain appropriate standards of cleanliness and hygiene in all areas of the premises, there was an infection control audit, but the practice had not actioned all the areas highlighted as immediately necessary.
- There were no posters displayed in the practice to inform patients that chaperones were available if they required them.
- There was no robust process in place to review blood test results before prescribing medicines such as methotrexate, which required this.
- The practice had not carried out a fire risk assessment; there were no smoke detectors or fire alarms in the premises.
- We found out of date emergency medicines, syringes and needles, the vaccine fridge had frozen over causing some of the vaccines to freeze and lose their integrity.
- There was no process to manage and action patient safety alerts.
- Not all policies and protocols had been reviewed or updated.
- The practice had not carried out legionella testing for the premises.
- The main practice did not have a defibrillator and there was no risk assessment in respect of this.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line with national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been no completed audit cycles in the past two years to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Requires improvement



Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 67% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%. The practice was aware of their score but did nothing to address them.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice carried out care plans where appropriate but these were not shared with patients.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the national GP patient survey showed patients rated the practice comparably with national averages for access to service.
- The practice had extended hours twice a week for patients who were unable to attend the practice during normal hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff received annual appraisals.
- There was an online patient participation group, but the practice could not demonstrate how this led to evaluation and improvement of service quality.
- Robust arrangements were not in place to identify, record and manage risks, issues and implement mitigating actions.
- Audits were carried out but these were not completed audits where quality improvement could be demonstrated.

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 provider was rated as inadequate for safety and requires improvement for effective, caring 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 is rated as requires improvement for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population; however care plans were not always shared with patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as inadequate for safety and requires improvement for effective, caring 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 is rated as required improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register with a record of foot examination and risk classification in the preceding 12 months was 97% compared with a national average of 88%.
- Longer appointments and home visits were available when needed.
- 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. However there was no robust system in place to routinely check blood test results before prescribing medicines like methotrexate which required this.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as inadequate for safety and requires improvement for effective, caring 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 is rated as required 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 82%, which was equal to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as inadequate for safety and requires improvement for effective, caring 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 is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety and requires improvement for effective, caring 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 is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice carried out care plans but copies were not always shared with patients where appropriate.
- 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

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety and requires improvement for effective, caring 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 is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 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 care planning for patients with dementia, but these were not always shared with the patient.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing lower than the local and national averages in some areas. Two hundred and eighty three survey forms were distributed and 108 were returned. This represented 2% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% 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%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 60% 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 26 comment cards the majority of which were all positive about the standard of care received. There was a recurring theme of friendly caring staff; however two comment cards mentioned unfriendly staff.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical audits and re-audits to improve patient outcomes. Mitigate risks associated with fire, legionella and infection control. Ensure equipment and medicines used in patient treatment and emergencies are available, regularly checked and in date.
- Mitigate risks associated with reviewing blood test results before the prescribing of certain medicines in accordance with NICE guidance.

Action the service **SHOULD** take to improve

- Ensure learning and outcomes from significant events and incidents are shared with all relevant members of the practice.
- Review arrangements for the patient participation group that would allow for regular meetings and patient input into the services provided.
- Review processes for patient interpreting and chaperoning.
- Review and update the practice's procedures and policies.

Spring Farm Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Spring Farm Surgery

Spring Farm Surgery is located in a converted house in Rainham within a residential area and has good transport links. The practice is a part of Havering Clinical Commissioning Group.

There are 5200 patients registered at the practice, the practice had a higher than the national average number of patients aged under four years of age.

The practice has one male and one female partner carrying out a total of 16 sessions per week and one nurse carrying out six sessions per week. The practice has one practice manager, one assistant practice manager and six reception/administration staff members.

The practice operated under a General Medical Contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice was open Monday to Friday 8:30am to 7:00pm, the phone lines were open from 8:30am. Appointment times were as follows:

Monday 9:00am to 12:30pm and 3:30pm to 6:30pm

Tuesday 8:40am to 11:50am and 4:30pm to 8:00pm

Wednesday 8:30am to 12:00pm and 3:50pm to 8:00pm

Thursday 8:30am to 12:00pm Closed

Friday 8:30am to 12:00pm and 2:00pm to 7:00pm

Patients were directed to the locally agreed out of hours provider when the practice is closed.

Spring Farm Surgery operates from two locations including its branch practice based at Rainham Health Centre, Upminster Road South, RM13 9AB. The practices are registered with the Care Quality Commission to provide the regulated activities surgical procedures, diagnostic and screening procedures, treatment of disease disorder and injury and family planning.

Why we carried out this inspection

We inspected this service as part of our new comprehensive programme. This location had not previously been inspected.

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.

Detailed findings

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 17 February 2016. During our visit we:

- Spoke with a range of staff including a GP, nurse, practice manager and reception/administration staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with them.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available that they would write up. 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 were told 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.

We reviewed safety records, incident reports and patient safety alerts and found that these were not always discussed at meetings where learning and outcomes of action taken to improve safety could be shared with all relevant staff members. For example, we saw a completed significant event form about a locum GP, who locked themselves out of the computer during their extended hours session, which led to patients having to wait for over an hour to be seen whilst the issue was resolved as there was no other login available that the locum could use. As a result, the practice now has a generic login and password to be used in cases of emergency.

Overview of safety systems and processes

The practice had limited systems in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 as was the nurse and non-clinical staff level 1.

- There were no notices in the waiting area or consulting rooms advising patients that chaperones were available if required. Staff who acted as chaperones were not trained for the role, but 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).
- The practice did not maintain appropriate standards of cleanliness and hygiene in all areas of the premises. There was a cleaning schedule, but there was no evidence that this was being used or followed. We found dust in many areas including on cupboards in the toilets and on top of the vaccine fridge, and there was no system for managing the cleaning of curtains in clinical rooms, which provide privacy to patients. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team. There was an infection control protocol in place, which had not been updated and staff had not received up to date training. Infection control audits were undertaken however, the practice could not evidence that it actioned the immediately necessary actions identified in the report. For example, we found linen pillows in clinical rooms, surface dust on top of the fridge and in the staff toilet and mops that should be stored separately being dried together in the same bucket.
- 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). 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 and pads were securely stored. However we saw that the fridge had frozen over, which had affected the integrity of some of the vaccines, we saw on the day of inspection that the affected vaccines were disposed of.
- There was no process in place to manage and action patient safety alerts.

Are services safe?

- We reviewed six personnel files and found appropriate recruitment checks had mostly been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However references could not be found for the majority of staff members but these were longstanding staff members who were employed before the practice registered with the Care Quality Commission.

Monitoring risks to patients

Risks to patients were not well managed.

- There were no robust systems in place to monitor blood test results of patients being prescribed medicines such as methotrexate, which require regular blood test monitoring for their safe prescribing. For example we viewed a random sample of four patient records who were being prescribed methotrexate and found the practice had prescribed the medicine without clear evidence of blood test results within the period stated in NICE guidelines.
- The procedures in place for monitoring and managing risks to patient and staff safety were not robust. The practice did not have a fire risk assessment, fire drills were not carried out, and there were no fire or smoke detectors in the premises.
- 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 no other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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, staff had to book their leave in advance and there was a system in place to show how many members of staff were allowed annual leave at the same time.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room, However not all of these were in date. We also found out of date emergency medicines and syringes, for example adrenaline injection expiring in April 2015, Ventolin evohaler expiring in October 2015, Lidocaine Hydrochloride expiring in December 2015 and diazepam rectubes expiring in September 2014, all of which were disposed of in our presence. There was no system for checking emergency medicines were in good supply and in date.
- The practice had a defibrillator available at the branch location but not at its main location and there was no risk assessment to assess the safety of this. We saw an oxygen cylinder with adult and children's masks; this was in working order but had no tubing rendering it unusable. There was no system in place for regular checks to ensure that it was in working order. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 100% of the total number of points available, with an exception reporting rate of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for the majority of QOF areas. Data from QOF showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of foot examination and risk classification within the preceding 12 months was 97% compared with a national average of 88%.
- Performance for mental health related indicators was above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan documented in the record within the preceding 12 month was 100% (48 patients) compared with a national average of 88%.

However the practice was an outlier for the reported versus expected prevalence of chronic heart disease, with the practice reporting 0.4% and the national average of 0.7%. The practice were unaware that they were outlier in this area.

There was evidence of clinical audit.

- We saw evidence of four clinical audits carried out in the last two years; none of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice participated in prescribing audits looking at patients with chronic obstructive pulmonary disease and the prescribing of inhalers as suggested by the CCG prescribing team.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for nurses reviewing patients with long-term conditions and giving childhood immunisations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and update sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, basic life support and information governance.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans and medical records.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients with cancer. Patients were signposted to the relevant service.
- Phlebotomy was available on the premises and a dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using opportunistic screening and they ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were lower than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 79% and five year olds from 57% to 73%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Whilst there were curtains provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments, there was no schedule in place for their routine cleaning.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Twenty four out of the 26 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, two comment cards did not align to this view stating staff were rude and did not listen.

We spoke with two patients. 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 did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 67% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 79% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 65% 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%.
- 96% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice was aware of its low patient satisfaction scores but had not put systems in place to address this.

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 majority of the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised, however these were not given to patients.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages. For example:

- 65% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 65% 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%.
- 92% 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 was aware of its low patient satisfaction scores but had not put any systems in place to address them.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that patients who did not have English as their first language were asked to bring a family member to the consultation to interpret on their behalf.
- Information leaflets were available in easy read format.
- A hearing loop was available for patients with hearing difficulty.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them, they were also given priority appointments.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a patient consultation at a flexible time to meet the family's needs and gave them advice on how to find a support service.

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 with their Clinical Commissioning Group (CCG).

- The practice offered extended hours on a Tuesday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and the practice was a registered yellow fever centre. Patients requiring vaccines which were only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday 8:30am to 7:00pm, the phone lines were open from 8:30am. Appointment times were as follows:

Monday 9:00am to 12:30pm and 3:30pm to 6:30pm

Tuesday 8:40am to 11:50am and 4:30pm to 8:00pm

Wednesday 8:30am to 12:00pm and 3:50pm to 8:00pm

Thursday 8:30am to 12:00pm Closed

Friday 8:30am to 12:00pm and 2:00pm to 7:00pm

The out of hour's provider covered calls made whilst the practice was closed.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent same day appointments were also available for people that needed them. Patients were able to book telephone consultations and book appointments online.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Reception staff alerted GP's when a request for a home visit was made; the GP would then telephone the patient to assess the urgency of the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 lead who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; this was highlighted in the practice leaflet.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner with openness and transparency. Lessons learnt and actions taken from individual concerns and complaints were shared with all relevant staff members to improve the quality of care. For example, we saw a complaint from a patient about a reception/administration staff member being allowed in the consultation room during their consultation without

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

their consent. We saw that the patient was given a written apology with an explanation of what would be done to prevent this from happening in the future. We saw that this

was discussed at a practice meeting where staff were reminded of the role they play in patient confidentiality and need to gain consent before allowing entering a room where a consultation was taking place.

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 and promote good outcomes for patients.

- The practice had a mission statement which not all staff were aware of.

Governance arrangements

The practice had an overarching governance framework which did not always support the delivery of good quality patient care. Structures and procedures in place and ensured that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff, these were however not always up to date.
- Audits carried out were not completed audits where quality improvements could be made.
- Robust arrangements were not in place to identify, record and manage risks, issues and implement mitigating actions.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported and that they were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients and the public and staff.

- The practice had an online patient participation group (PPG), we were told that discussions were held quarterly but this could not always be evidenced. For example we did not see any minutes of meetings or discussion notes and did not see any improvements made to the practice as a result of the PPG.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, but had no examples of when this had occurred. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Surgical procedures	The practice failed to mitigate any risks associated with fire safety, a fire assessment had not been carried out and there were no smoke detectors or fire alarms on the premises.
Treatment of disease, disorder or injury	The provider had no processes in place to mitigate the risks associated with not having a defibrillator on the premises.
	There was no robust process in place to ensure that emergency medicines and equipment such as syringes were in date.
	The provider failed to mitigate risks found within their infection control audit as well as maintain their vaccine fridge and the vaccines within them, and a legionella assessment had not been carried out.
	The provider failed to mitigate risks associated with prescribing certain medicines such as methotrexate without having viewed patient's blood test results in accordance with NICE guidance.

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

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure that persons employed are of good character. Not all staff had references on file. This was in breach of regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014