

Sandringham Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sandringham Practice on 28 January 2016. Overall the practice is rated as requires improvement.

Since 1 December 2014, Sandringham Practice has been managed by McLaren Perry Ltd. under a temporary caretaking agreement with NHS England. As of the day of our inspection, the agreement was due to terminate on 31 March 2016. McLaren Perry Ltd has employed four GPs to support the delivery of care; one of whom is designated as senior GP for the practice.

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.
- The practice lacked robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example, it had

failed to act on concerns identified regarding the practice's baby changing unit in two successive 2015 risk assessments; and its latest infection prevention and control audit could not be located.

- Data showed that some patient outcomes were low compared to the locality and nationally.
- The majority of patients said they were treated with compassion, dignity and respect.
- A review of appointment availability highlighted that urgent same day appointments were available on the day they were requested.
- Although some audits had been carried out, they were not two cycle completed audits.

The areas where the provider must make improvement are:

- Improve infection prevention and control systems (for example regarding training and arrangements for cleaning the building's shared lift).

Summary of findings

- Ensure that it takes action regarding the risks identified in its April 2015 and November 2015 risk assessments of the premises.
- Ensure that quality improvement systems are in place to drive improvements in patient outcomes.

The areas where the provider should make improvement are:

- Review its systems for ensuring that CQC registration details are kept up to date; and for ensuring that applications to amend registration details are accurately submitted and in a timely fashion.

- Ensure that all non clinical staff undertaking chaperoning duties have received training.
- Ensure that all non clinical staff undertake safeguarding training.
- Introduce a system to monitor use of prescription pads.
- Ensure that supplies of liners and cleaning equipment are available for the practice's baby changing unit.

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 as there are areas where improvements must be made.

- 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. For example, the practice could not locate a copy of its latest infection prevention and control audit.

Requires improvement



Are services effective?

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

- Data showed some patient outcomes were low compared to the locality and nationally. For example, the practice's cervical screening rate was 74% compared to the 82% national average.
- There some evidence that audit was driving improvement in performance to improve patient outcomes but these were not completed two cycle audits.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice highly for several aspects of care but these scores were still generally below CCG and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.

Good



Summary of findings

- With the exception of baby changing facilities, 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.

Are services well-led?

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

- The practice lacked robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example, it had failed to act on concerns identified in two successive risk assessments in 2015.
- Governance arrangements did not always support the delivery of high-quality person-centred care. For example, the practice was not always acting in accordance with some of its policies; such as its infection prevention and control protocol (which required all staff to undertake periodic infection prevention and control training).

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 provider was rated as requires improvement for the care of older people; and was rated as requires improvement for safety, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were however, examples of good practice:

- We looked at three patient records from this population group. Care plans had been regularly reviewed and we saw evidence of multi-disciplinary team working.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients from this population group spoke positively about the care and treatment they received.
- The flu vaccination rate for patients aged over 65 was below the national average. We noted that performance for 8 months of this period related to the previous provider.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for the care of people with long-term conditions; and was rated as requires improvement for safety, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Latest published QOF results (relating to the period 2014/15) showed that 80% of patients with diabetes had had an influenza immunisation compared to the 95% national average. The current provider had taken on the location towards the end of 2014/15. Performance as of 28 January 2016 was 75% (of 184 patients) and it was projected that the year end 2015/16 performance would see an improvement on 2014/15 performance.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

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

Families, children and young people

The provider was rated as requires improvement for the care of families, children and young people; and was rated as requires improvement for safety, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Latest published QOF results (relating to the period 2014/15) showed that 72% of patients on the practice's asthma register had had an asthma review in the preceding 12 months compared with 75% nationally. The current provider had taken on the location towards the end of 2014/15. Performance as of 28 January 2016 was 67% (of 133 patients) and it was projected that the year end 2015/16 performance would see an improvement on 2014/15 performance.
- 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.
- 74% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- 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 and health visitors.
- The practice's baby changing unit was broken. Also, it did not contain a liner and cleaning equipment such as wipes were not available. Records showed that the practice had sought to contact the manufacturer but that these issues had not been addressed.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for the care of working-age people (including those recently retired and students); and was rated as requires improvement for safety, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

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

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for the care of people whose circumstances may make them vulnerable; and was rated as requires improvement for safety, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients from this population group spoke positively about the care and treatment they received.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia); and was rated as requires improvement for safety, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice:

- Latest published QOF results (relating to the period 2014/15) showed that 80% The current provider had taken on the location towards the end of 2014/15. Performance as of 28 January 2016 was 73% (of 11 patients) and it was projected that the year end 2015/16 performance would see an improvement on 2014/15 performance.
- Latest published QOF results showed that 44patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the 88% national average. Performance as of 28 January 2016 was 55% (of 32 patients) and it was projected that the year end 2015/16 performance would see an improvement on 2014/15 performance.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. For example, GPs told us that they met with a local consultant psychiatrist and a local mental health nurse every three months to discuss the practice's patients who were under the care of the psychiatrist.
- The practice carried out advance care planning for patients with dementia.
- The practice had a system in place to help patients experiencing poor mental health access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2015 and related to the periods July-September 2014 and January-March 2015. We noted that the provider took on its caretaking role in December 2014 and that the current GPs had been recruited in April 2015.

The survey provides information to patients, GP practices and commissioning organisations on a range of aspects of patients' experiences of their GP services and other local primary care services.

We noted that the GP patient survey results were below local and national averages. Four hundred and fifty two survey forms were distributed and 122 were returned. This represented a survey response rate of 27%.

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 73% and the national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 78% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).

- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were generally positive about the standard of care received. These were also positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We spoke with six patients during the inspection. Five patients told us said they were happy with the care they received and that staff were approachable, committed and caring. One patient was less positive and told us that they had experienced a 40 minute wait for an appointment.

The latest Friends and Family Test results (2015) highlighted that 71% of patients were extremely likely or likely to recommend the practice (14 responses).

Areas for improvement

Action the service **MUST** take to improve

- Improve infection prevention and control systems (for example regarding training and arrangements for cleaning the building's shared lift).
- Ensure that it takes action regarding the risks identified in its April 2015 and November 2015 risk assessments of the premises.
- Ensure that quality improvement systems are in place to drive improvements in patient outcomes.

Action the service **SHOULD** take to improve

- Review its systems for ensuring that CQC registration details are kept up to date; and for ensuring that applications to amend registration details are accurately submitted and in a timely fashion.
- Ensure that all non clinical staff undertaking chaperoning duties have received training.
- Ensure that all non clinical staff undertake safeguarding training.
- Introduce a system to monitor use of prescription pads.

Summary of findings

- Ensure that supplies of liners and cleaning equipment are available for the practice's baby changing unit.

Sandringham Practice

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, a CQC second inspector, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Sandringham Practice

Sandringham Practice is located in Hackney, East London. The practice has a patient list of approximately 3,850. Fifteen percent of patients are aged under 18 (equal to the rounded national practice average) and 9.4% are 65 or older (compared to the national practice average of 17%). Fifty percent of patients have a long-standing health condition and practice records showed that 2% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises four salaried GPs (two male, two female covering 22 sessions a week), female practice nurse (8 sessions per week), male pharmacist independent prescriber providing a minor ailments service (8 sessions per week), practice manager, business development manager and administrative/reception staff. One of the four salaried GPs was designated as lead GP at the practice.

The practice's opening hours are:

- Monday-Friday: 8:00am -6.30pm

- Saturday 9am-1pm

Appointments are available at the following times:

- Monday-Friday: 8:30am-12pm and 4pm-6pm
- Saturday 9am-1pm

The practice offers extended hours opening at the following times:

- Mondays and Tuesdays: 6:30pm-8pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures; maternity and midwifery services; and surgical procedures.

Since 1 December 2014, Sandringham Practice has been managed by Maclaren Perry Ltd under a temporary caretaking agreement with NHS England which terminates on 30 June 2016. Sandringham Practice is therefore currently registered as an additional location of Maclaren Perry Ltd's CQC registration. Our records showed that the provider did not submit an appropriately completed application to amend its registration until October 2015.

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. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 January 2016. During our visit we:

- Spoke with a range of staff (including salaried GPs, practice manager, practice nurse, business development manager and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 Quality and Outcomes Framework data information throughout this report, it relates to 1 April 2014– 31 March 2015: the most recent information available to the CQC at that time. We noted that the provider has been managing Sandringham Practice since 1 December 2014.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out analyses of the eight significant events that had been received since December 2014.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident whereby a patient's electronic prescription had been sent to their pharmacy but not received, records showed that the practice had investigated the matter with the pharmacy and their clinical software provider and concluded that the non delivery of the prescription was due to a software error. Records showed that this incident was discussed at a subsequent team meeting and that the patient had received reasonable support and an apology.

Overview of safety systems and processes

We looked at the practice's systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 regarding safeguarding. We noted that GPs, the practice nurse and the practice's independent pharmacist prescriber were trained to Safeguarding level 3. However, some non clinical staff had not received safeguarding training.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse and reception staff undertook chaperone duties

but not all reception staff had received training. All staff undertaking chaperone duties had undertaken 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 nurse was the infection prevention and control clinical lead and records showed that they had received infection prevention and control training. However, other staff had not received training. There was an infection control protocol in place. The practice told us that an infection prevention and control audit had taken place in January 2015 but a copy could not be located. We noted that dust and dirt had accumulated in the building's lift and surrounding communal area. The practice shared the lift with another practice based in the building but they had not agreed a cleaning protocol or schedule. The practice's baby changing unit did not contain a liner and cleaning equipment such as wipes were not available.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and its independent pharmacist prescriber, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely although the practice did not have a system in place to monitor the number of prescription pad boxes on the premises at any given time. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed five personnel files and saw that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- 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.

Monitoring risks to patients

We looked at arrangements in place to ensure that risks to patients were assessed and well managed.

- We looked at procedures in place for monitoring and managing risks to patient and staff safety. An April 2015 risk assessment of the premises had identified that the strap on the baby changing unit was broken. We saw evidence that the practice had contacted the manufacturer but the strap had not been repaired by the time of a November 2015 follow up risk assessment or by the time of our January 2016 inspection.
- The practice's fire fighting equipment and fire alarm had been serviced within the last 12 months. Three members of staff had received fire marshal training and four had received fire safety training within the last 12 months. An annual fire drill had taken place in January 2016. A fire risk assessment had taken place in February 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had taken place within the last 12 months. The practice had other risk assessments in place to monitor safety of the premises such as infection control.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

We looked at 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 had received annual basic life support training within the last 12 months.
- The practice had a defibrillator kit available on the premises but this did not contain child sized pads. This was addressed shortly after our inspection. Oxygen with adult and children's masks; and a first aid kit were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date, fit for use and regularly checked.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure and 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. For example, regarding the prescribing of medicines for diabetes.

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 peoples' 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. We noted that the published QOF data we reviewed related to the period 1 April 2014–31 March 2015 and that the provider had been managing Sandringham Practice since 1 December 2014. It was projected that the year end 2015/16 performance would see an improvement on 2014/15 performance

The most recent published results were 64% of the total number of points available, with 9% exception reporting. 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. Data from 2014/15 showed:

- Performance for diabetes related indicators was 74% (which was 21% below the CCG average and 16% below the national averages). Latest available data as of 28 January 2016 showed that current performance for diabetes related indicators ranged from 62% to 96%.
- Performance for hypertension related indicators was 96% (which was 4% below the CCG average and 2% below the national average). Latest available data as of 28 January 2016 showed that current performance for hypertension was 73%

Performance for mental health related indicators was 55% (which was 37% below the rounded CCG and national averages). Latest available data as of 28 January 2016 showed that current performance for mental health related indicators varied from 25% - 100%

We looked at systems in place to drive improvement in performance and patient outcomes.

Records showed that a joint weekly GP/practice nurse diabetic clinic had started in December 2015 in order to improve performance on diabetic care outcomes. We were told that the GP was also the designated diabetes clinical lead.

Quarterly meetings took place with practice GPs, consultant psychiatrist and mental health nurse to discuss patients under the care of the psychiatrist and improve outcomes for patients experiencing poor mental health.

The practice was part of a local GP confederation project which aimed to improve care for people with long term conditions. We noted the practice's positive performance. For example, data showed that 86% of diabetic patients had a care plan in place (100% for patients with lung disease).

Prior to our inspection, data indicated that the expected versus actual prevalence of lung disease and coronary heart disease were low compared to the CCG and national averages. The practice told us that this was attributable to pre December 2014 incorrect clinical coding and that it was further investigating.

We also looked at systems in place for using audits to drive improvement in performance:

- The practice participated in local audits and national benchmarking.
- There had been six clinical audits conducted since December 2014 but they were not two cycle, completed audits.

For example, in October 2015, the practice undertook an audit to ensure that the prescribing of recently introduced 'third line' anti-diabetic medicines was in line with NICE guidance. Because diabetes is a progressive disease, the most commonly used 'first line' medicines may eventually fail to adequately control blood sugar levels at which point patients may incrementally need additional antidiabetic

Are services effective?

(for example, treatment is effective)

medicines as second line. if, after time, second-line therapy fails, most patients will need one or more additional medicines added as a third line therapy to achieve the target blood sugar level.

The audit highlighted that some patients had not been prescribed second line medicines up to the maximum tolerated dosage before being prescribed third line medicines. We noted that this and other audit findings had been discussed amongst clinicians and that a re-audit was planned for February 2016.

Effective staffing

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

- The learning needs of staff were identified through a system of appraisals, management 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 during sessions, access to e-learning, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures and information governance awareness. Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way.
- Staff worked together and with other health and social care services 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. Monthly multi-disciplinary team meetings took place involving health visitors, end of life nurses and district nurses as necessary.

- We looked at five patient records and saw that GPs routinely documented inter agency liaison, care plan updates and multi-disciplinary team discussions.

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, GPs 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74% which was below the national average of 82%. Staff told us that they had reviewed recall systems to improve uptake rates and added that performance might be affected by historical coding accuracy issues. These were currently under investigation.

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 comparable to CCG averages. Latest available childhood immunisation rates (July– September 2015) for the vaccinations given to under two year olds ranged from 93%-100% and for five year olds ranged from 83%-100%. Latest available CCG childhood immunisation rates (April 2014–March 2015) were respectively 95%-100% and 80%-100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed; they could offer them a private room to discuss their needs.

Twenty of the 21 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. One patient fed back difficulties in getting an appointment and regarding appointments running late.

We spoke with a member of the patient participation group. 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.

The latest national GP patient survey results were published in July 2015 and related to the periods July-September 2014 and January-March 2015. We noted that the provider took on its caretaking role in December 2014. Results from the survey showed patients felt they were treated with compassion, dignity and respect although the practice was below local and national satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 83%, national average 87%).

- 89% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 76% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 77% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice also had arrangements in place to facilitate the prompt burial of patients nearing end of life, when this was in observance of a patient's religious beliefs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population.

- The practice had recently introduced a Saturday morning clinic and late evening 'Commuter's Clinics' and telephone consultations for working patients, carers and others 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- Online appointment booking and repeat prescription facilities were available.
- A Monday morning 'walk in' clinic had recently been introduced.

Access to the service

The practice's opening hours are:

- Monday-Friday: 8:00am -6.30pm
- Saturday 9am-1pm

Appointments are available at the following times:

- Monday-Friday: 8:30am-12pm and 4pm-6pm
- Saturday 9am-1pm

The practice offers extended hours opening at the following times:

- Mondays and Tuesdays: 6:30pm-8pm

The practice also offered a Monday morning GP walk-in clinic.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The latest national GP patient survey results were published in July 2015 and related to the periods

July-September 2014 and January-March 2015. We noted that the provider took on its caretaking role in December 2014. Results from the survey showed that (with the exception of phone access) patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 71% of patients were very satisfied or fairly satisfied with the practice's opening hours (compared to the CCG average of 78% and national average of 75%).
- 64% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 74% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

Most of the patients we spoke with were positive about appointments access including phone access. They told us that they were able to get appointments when they needed them (including same day appointments) and spoke positively about recently introduced all day Thursday opening, a Saturday morning clinic and a Monday morning GP walk in clinic.

On the day of our inspection (28 January 2016), we looked at appointments availability on the practice's clinical system and saw that a same day urgent appointment was available. The next available routine appointment was Tuesday 2 February 2016.

Listening and learning from concerns and complaints

We looked at the practice's systems for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters, reception TV information, patient information leaflet and information on the practice website.

Records showed that the practice had received 20 complaints since January 2015. We looked at six complaints and found these were satisfactorily handled

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

and dealt with in a timely way. For example, following a complaint about reception staff not being sensitive to patients' needs, the practice had organised customer care training.

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

We were told that the vision for the practice was to improve the quality of care to the entire patient population. Staff had a clear understanding of how their roles contributed towards this vision.

Governance arrangements

Governance arrangements did not always support the delivery of high-quality person-centred care.

- The practice was not always acting in accordance with some of its policies; such as its infection prevention and control protocol (which required all staff to undertake periodic infection prevention and control training).
- Clinical audits had commenced, however they were not two cycle, completed audits.
- The practice had failed to act on risks identified in relation to its baby changing unit during periodic risk assessments in April, May and November 2015.
- There were a number of policies and procedures to govern activity, but some of these had not been produced specifically for the Sandringham Practice location.

Leadership and culture

The senior GP had the experience and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. Staff told us that GPs were visible in the practice and they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Records showed that regular staff meetings took place and we were told that the practice had an open culture where staff had the opportunity to raise any issues informally with the management team and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the management team in the practice. They were informally involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

When there were unexpected or unintended safety incidents:

- We saw evidence of a verbal and written apology or;
- Written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys and complaints received. There was a small, recently reconstituted PPG which submitted proposals for improvements to the practice management team. For example, the Monday morning GP drop in clinic had been introduced following discussion with the PPG.
- The practice had gathered feedback from staff through appraisals and informal staff discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They felt involved and engaged in improving how the practice was run and told us they felt positive about the future direction of the practice.

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>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>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 by:</p> <ul style="list-style-type: none">Failing to ensure that appropriate infection prevention and control systems were in place. <p>This was in breach of Regulation 12(1)(2)(a)(b) (g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014</p> <p>Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity by.</p> <ul style="list-style-type: none">Failing to ensure that two cycle completed audits took place, with results being used to drive improvements in patient outcomes.Failing to act on risks identified in April 2015 and November 2015 risk assessments of the premises.