The Robins Surgery

Quality Report

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Date of inspection visit: 8 May 2017
Date of publication: 17/07/2017

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Robins Surgery on 8 May 2017. Overall the practice is rated as requires improvement.

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

- There was no written policy for significant events. Not all staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks but these related to staff recruited prior to registration with the Care Quality Commission.
- Not all staff had received mandatory training. For example in safeguarding, fire safety, information governance and chaperoning.
- Data showed patient outcomes were low compared to the national average in some aspects, for example diabetes, but similar to the national average in respect of others.
- Audits had been carried out and results were used to drive improvements to patient outcomes.
- Results from the national GP patient survey showed patients views were mixed about whether they felt they were treated with compassion, dignity and respect. Their views were also mixed about their involvement in planning and making decisions about their care and treatment.
- The practice had a number of policies and procedures to govern activity with the exception of a policy for significant events.
- No evidence or examples of feedback were available of where staff feedback had been acted upon.

The areas where the provider must make improvements are:

- Ensure all staff understand their responsibilities in relation to significant events and that such events are reviewed regularly to identify and address and trends.

Summary of findings

- Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients specifically in relation to significant events, staff training, safeguarding, prescription form security and maintenance of emergency equipment.
- Ensure processes and procedures are in place to support the seeking and acting on of feedback from patients for the purposes of continually evaluating and improving such services. For example through a patient participation group (PPG) in place and responses to the friends and families test.

In addition the provider should:

- Consider how to assist patients with a hearing impairment accessing the service.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- There was no significant events policy in place. Not all staff understood their responsibilities to raise concerns, and to report incidents and near misses. Significant events were not regularly reviewed to identify any trends.
- Not all staff had received training on safeguarding children and vulnerable adults relevant to their role. The adult safeguarding policy did not include a list of contact numbers for local safeguarding teams or who the practice's safeguarding leads were. The practice did not keep a list of vulnerable adult patients. Following the inspection we received a list of vulnerable adults compiled by the practice.
- The practice had adequate arrangements to respond to emergencies and major incidents. However the oxygen was not regularly checked to ensure it was readily available for use.
- Non-clinical staff who acted as chaperones had not been trained for this role.
- Some actions from the most recent infection control audit.
- Emergency drugs were available and regularly checked but did not include Diazepam to treat patients having an epileptic fit.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were generally similar to the national average. For example, the most recent published results for the Quality and Outcomes Framework (QOF) were 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice). However performance for diabetes was below average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for all staff, however these did not include personal development and training plans.

Summary of findings

- Some staff training had not been undertaken or was overdue, for example infection control, fire awareness and information governance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 69% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was accessible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, whilst the practice itself did not operate extended hours, out of hours appointments were available at the local GP hub which operated from 6.30pm to 10pm Monday to Friday and 8am to 8pm at the weekend.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients did not always find it easy to make an appointment with a named GP, however there was continuity of care. Urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available; however it was not on display. Evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were mostly clear about the vision and their responsibilities in relation to it. However one member of staff was not clear about their responsibilities in relation to significant events.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity; however there was no written policy for significant events.
- All staff had received inductions, however the programme did not detail what topics should be covered as part of their training. Staff had received regular performance reviews but not all were afforded the opportunity to attended staff meetings.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However some improvements were necessary, for example in prescription form management and dealing with emergencies.
- Staff could give feedback through appraisals and discussion, however meetings were not organised in such a way that supported attendance by all staff. The practice did not have a patient participation group and measures to obtain feedback from patients were limited.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safety, 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Dementia screening was carried out where appropriate.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. Multi disciplinary meetings were held with district nurses and the community matron.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety, 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.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- One of the GPs specialised in diabetes care and management.
- At 59% performance for diabetes related indicators below the CCG average of 81% and the national average of 90%. (Exception reporting rate 11%, CCG 13%, national 12%).

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.
- The practice tried to support continuity of care by ensuring results, letters and reports were seen by the requesting doctor unless urgent.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety, 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.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children under six years were prioritised for same day appointments.
- Combined post-natal check and six week baby check were carried out for patient convenience.
- Intrauterine Contraceptive Device (IUCD) removal was available in house.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of contraception, ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety, 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 needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.
- Telephone consultations were available for patients as an alternative.
- NHS health checks were promoted.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety, 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The provider was rated as requires improvement for safety, 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 carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Patients will be seen the same day in an emergency.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- At 100% performance for mental health related indicators was above the CCG average of 92% and the national average of 93%. (Exception reporting rate 4%, CCG 11%, national 11%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 on 7 July 2016. The results showed the practice was performing in line with local averages but below national averages. Three hundred and eighteen survey forms were distributed and one hundred and twenty six were returned. This represented 3% of the practice's patient list.

- 64% of patients described the overall experience of this GP practice as good compared with the CCG average of 69% and the national average of 73%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 68% and the national average of 78%.

Of the 44 patient Care Quality Commission comment cards we received most 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. Four patients reported isolated issues concerning experiences with two of the GPs but overall feedback about consultations with clinicians and staff attitude was positive. Four other patients reported having difficulty getting appointments and one commented on the chairs needing replacing.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had not carried out the friends and families test since 2016.

The Robins 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 second GP specialist adviser who was shadowing the inspection as part of their training.

Background to The Robins Surgery

The Robins Surgery is situated within the NHS Havering Clinical Commissioning Group. The practice holds a General Medical Services contract (General Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a full range of enhanced services including extended hours, minor surgery, family planning, ante-natal and post-natal care, immunisations, and child immunisations.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures. The staff team at the practice includes two male GP partners (one full time providing 8 sessions per week with two extra sessions every four weeks, and one part time providing four sessions per week with an extra session every four weeks), one part time female GP partner (providing four sessions per week with an extra session every four weeks), two part time female practice nurses (one working thirty two hours and the other sixteen hours per week), a part time health care assistant working twenty four hours per week and a team of administrative staff (all working a mix of part time hours).

On the day of our inspection the practice manager told us they had officially left the practice the previous week, however they attended on the day of the inspection in order to assist with the inspection. There was no new practice manager in post on the day of the inspection. We were told the practice was in the process of recruiting a new practice manager.

The practice is open between 8am and 7pm on Mondays, 7.30am and 7pm on Tuesdays and Thursdays, 7.30am until 1pm on Wednesdays, and 8.30am until 7pm on Fridays. Appointments are available from 8.30am to 6pm on Monday and Tuesday, until 6pm on Thursday and until 7pm on Friday with a break of approximately 1 hour between surgeries. The practice does not operate its own extended hours but patients could access GP services at a local GP hub. This operated from 6.30pm to 10pm Monday to Friday and 8am to 8pm at the weekend. Appointments included home visits and telephone and appointments. Pre-bookable appointments were available including online in advance and urgent appointments were available for people that needed them. The practice did not use locum GPs because the partners covered any absences themselves. Patients telephoning for an out of hours appointment were transferred automatically to a deputising service when the practice was closed.

The practice had a higher percentage than the national average of people aged under 18 years and females aged 30 to 49 years. It had a lower percentage than the national average of people with a long standing health condition (42% compared to 53%).The average male and female life expectancy for the Clinical Commissioning Group area was comparable to the national average for males (77 years at the practice and 79 years nationally) and females (82 years compared to 83 years nationally).

The practice was previously inspected on 26 November 2015. It was rated requires improvement overall.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 May 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia)

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

Requires improvement

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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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, patient safety alerts and minutes of meetings where significant events were discussed. We saw that appropriate action was taken in response to alerts from the Medicines & Healthcare products Regulatory Agency (MHRA).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an incorrect patient's records were referred to during another patient's consultation, a meeting had taken place immediately following the incident and it was discovered that the receptionist booking the appointment had not confirmed the patient's identity at that time. It was emphasised that staff booking appointments should always confirm patient's identity (name as well as date of birth) when booking appointments and that clinicians should further confirm this at the beginning of the consultation.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. We were told the practice had one lead for vulnerable adults and another for child protection. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. The practice kept a register of children on the child protection register. Following the inspection we received confirmation that this register was now in place.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding although records showed not all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. We looked at three non-clinical staff files and found no evidence of adult safeguarding training for two members of staff and no child protection training for one.
- There was no notice in the waiting room advised patients that chaperones were available if required. We were told non-clinical staff who acted as chaperones were trained for the role by the practice manager. However there were no records of when this training was given and what it involved. Staff 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the GPs was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol, however not all staff had received up to date training. The most recent annual IPC audit had been undertaken in March 2016.
- Spillage kits were available for the safe cleaning of bodily fluids. Staff knew how to use these.

Requires improvement

Are services safe?

- Curtains in consulting rooms were clean and there was a system in place to ensure they were cleaned or changed at least twice a year.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. For example records showed patients prescribed Diazepam were reviewed regularly and patients prescribed warfarin (anticoagulant) had blood tests done by a pharmacist who then advised GPs as to the appropriate dosage. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however the systems to monitor their use was not reliable. Blank forms were stored in locked cupboards in the GPs rooms. . No record of serial numbers was kept, nor was a record kept of which range of serial numbers had been allocated to each GP.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses 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). The health care assistant (HCA) did not administer any vaccines or medicines.

We reviewed six personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, not all staff files included proof of identification and evidence of satisfactory conduct in previous employments in the form of references. However, these were all long-standing members of staff recruited prior to registration with CQC.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The most recent fire drill was carried out in November 2016. This involved the whole building. Fire alarms were tested once a week. There were no fire instructions on display in reception however evacuation procedures were the responsibility of the landlord, who had a representative on site during most of the opening hours.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Two members of staff covered reception during busier periods with one member of staff in the evenings when it was quieter. Clinician's rotas were arranged to ensure appointments were available throughout the day. The practice manager told us their role had been part time but the new practice manager role would have increased hours as it had been recognised that there was a need.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- Panic alarms were available in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises which was provided by the Clinical Commissioning Group (CCG) for the use of all of the services sharing the building. Oxygen was available in the nurse's room with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These medicines were checked once a month and we saw they were in date and stored securely. However the emergency drugs did not include . No relevant risk assessment had been carried out.

The practice had a business continuity plan for major incidents such as power failure or building damage. The plan did not included emergency contact numbers for staff

or service providers, nor did it include instructions for what steps should be taken should be building become unusable (for example which alternative premises could be used).

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw examples of where GPs had changed their practice as a result of updated NICE guidelines.
- The practice monitored that these guidelines were followed through audits.

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 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. The exception reporting rate for the practice was 6% which was the same as the CCG and national average of 6%. (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 an outlier for some QOF (or other national) clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- At 59% performance for diabetes related indicators below the CCG average of 81% and the national average of 90%. (Exception reporting rate 11%, CCG 13%, national 12%).
- At 100% performance for mental health related indicators was above the CCG average of 92% and the national average of 93%. (Exception reporting rate 4%, CCG 11%, national 11%).

The practice was aware of the low result for diabetes and had taken steps to try and address this. One of the GPs specialised in diabetes care and the practice had stratified diabetes management between the healthcare assistant (HCA), nurses, GPs and community clinics depending on the results of patients' blood tests. The aim was to ensure patients received the correct level of support and intervention as necessary.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example an audit of patients on novel oral anticoagulant drugs (NOACs) was carried out in April 2017. This audit was conducted in order to assess the renal function of patients on NOACs, to ensure they were on the correct dosage and ensure any repeat medications were altered and updated. Initially 24 patients were identified on NOACs. It was identified that eight of those patients needed kidney function tests done within the previous year and one patient required more monitoring due to the result of their blood tests. The eight patients were reviewed and sent for blood tests. The practice reviewed and amended its prescribing policy and set regular testing for these patients at annual intervals to ensure any deterioration was noted and acted upon. The audit was repeated the following month and the eight patients previously identified were reviewed. Six of those patients were found to have had no deterioration in their kidney function, one patient had not attended for a blood test and one was no longer receiving the medication.

Information about patients' outcomes was used to make improvements such as reviewing patients on the palliative care register to ensure non-cancer patients were also included. This triggered advance care planning in line with the Gold Standards Framework in Palliative Care. (The Gold Standards Framework gives training to all those providing end of life care to ensure better lives for people and recognised standards of care).

Effective staffing

Requires improvement

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. However this did not detail what topics should be covered as part of their training such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw evidence of role-specific training and updating for clinical staff. However there was no evidence of a comprehensive assessment of training needs and requirements or a training timetable for non-clinical staff. Records showed staff had received some training in topics such as infection control at varying times. Some had not had infection control training since 2013 whilst others had received training in 2017. Records we looked at did not show any fire awareness or information governance training and there were gaps in safeguarding training for non-clinical staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were not effectively identified through a system of appraisals, meetings and reviews of practice development needs. We saw records of appraisals which had taken place in 2016 and 2017 for non-clinical staff. However these did not reflect planning for routine training in topics typically associated with working in a primary care setting such as safeguarding, fire safety awareness, basic life support and information governance. Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw that all test results had been reviewed and examples we looked at had been acted on appropriately.
- From the sample of examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals for the two week wait cancer referral pathway contained adequate information.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice shared premises with district nursing, community diabetic and health visiting teams as well as the community matron and phlebotomy services. They could access support for patients from these services when required.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation.
- The healthcare assistant (HCA) was able to advise about diet and non-medical smoking cessation. Any patient requiring medication for this was referred to a local pharmacy.

The practice's uptake for the cervical screening programme was 82%, which was the same as the CCG average of 82% and the national average of 81%. Both practice nurses carried out the tests and conducted regular audits to ensure all test results had been received. Both nurses took note of any inadequate samples in order to make improvements.

Childhood immunisation rates for the vaccinations given were below standard when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in any of these four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.5 (compared to the national average of 9.1). The practice nurses were aware of some issues with regards to childhood immunisations. A designated member of the administrative staff was responsible for sending reminders to parents. Parents were sent three reminders and were asked to state in writing if they wished to decline. We saw evidence that, where deemed appropriate, the nurses alerted the health visitors in case they came into contact with the relevant families. They were aware of specific patients who routinely failed to attend appointments and made reasonable efforts to encourage them to attend for vaccinations.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Of the 44 patient Care Quality Commission comment cards we received most 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. Four patients reported isolated issues concerning to of the GPs but overall feedback about consultations with clinicians and staff attitude were positive. Four other patients reported having difficulty getting appointments and one commented on the chairs needing replacing.

We spoke with four patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. The practice did not have a patient participation group (PPG) but we were told that it did have a patient representation group (PRG); (a virtual group of patients practices contact, mainly by email to request their views on various aspects of the practice). The practice manager told us they had invited members of the group to attend for the inspection but none of them attended on the day.

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

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 89% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Requires improvement

Are services caring?

Results from the national GP patient survey showed patients' views were mixed about their involvement in planning and making decisions about their care and treatment. Results were in line with local averages but some were below national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice manager told us they were aware of the lower scores and said this was partly due to patient misinformation, for example around what was or was not appropriate for referral to secondary care and about the appropriate prescribing of antibiotics. Additionally, we were told patients did not always appreciate that two of the GPs worked only two days a week and therefore appointments to see those specific GPs would be more limited. Patients were informed about when specific GPs were on call so that patients could call them on the day. We saw that the next available appointment for one of the GPs was in two weeks' time. The practice manager undertook to review how patients could be better informed about the availability of specific GPs to help them understand why waiting times to see those GPs may be longer.

The practice had carried out its own survey in 2016 which was completed by 130 patients. 96% of respondents found the practice reception team to be helpful and efficient and 88% rated the GPs helpful and efficient. We were told the practice would continue to take steps to review its processes to identify areas for improvement. It was hoped that the introduction of a new clinical system (EMIS Web) which was in progress would further support improvement in efficiency and patient care.

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

- Staff told us that an interpretation service was available for patients who did not have English as a first language. There was a notice to inform patients about this service at reception.
- Information leaflets were available in easy read format.
- The Choose and Book service (now called Electronic Referral System (ERS)) was used with patients as appropriate. (ERS is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice did not have a carer's register however they did identify patients on their patient records system as carers on registration or opportunistically. Once identified on the system it alerted GPs if a patient was a carer. Staff could search the system to identify patients who were carers. The practice had identified 50 patients as carers (1% of the practice list). Carers were informed about local support services and were offered the flu jab. Information about local support services was available on the practice's website and at reception.

Staff told us that if families had experienced bereavement, one of the receptionists organised for a sympathy card to be sent. Consultations were available at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service. Patients were referred to a local bereavement counsellor. The practice also made the district nurses away that a patient had passed away.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Out of hours appointments were available at the local GP hub which operated from 6.30pm to 10pm Monday to Friday and 8am to 8pm at the weekend.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS. Patients could be referred to another practice in the building which provided those only available privately.
- Interpretation services were available although there was no hearing loop. We were told this had been removed by the landlords.

Access to the service

The practice was open between 8am and 7pm on Mondays, 7.30am and 7pm on Tuesdays and Thursdays, 7.30am until 1pm on Wednesdays, and 8.30am until 7pm on Fridays. Appointments were available from 8.30am to 6pm on Monday and Tuesday, until 5pm on Thursday and until 7pm on Friday with a break of two to four hours between surgeries. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 61% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. In order to reduce pressure on the telephone lines the practice manager told us they encouraged patients to register for online services, such as booking appointments and requesting repeat prescriptions. The practice had identified that a number of appointments were being wasted due to patients failing to attend (DNA). As a result the practice now published information about the number of wasted appointments and had submitted a bid for additional funding from the CCG for receptionists to call patients and remind them about their appointments. They also sent text message reminders to patients to remind them about their appointments.

The practice had a system to assess:

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

Patients were asked to contact the practice before 10am to request a home visit. The GP then telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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

Good

Are services responsive to people's needs?

(for example, to feedback?)

arrangements were made such as referral to the Community Treatment Team (CTT). Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- 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.
- There was no information on display to help patients understand the complaints system. However, this information was available in the practice leaflet.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint about a GPs manner and failure to explain a patient's diagnosis, the complaint was investigated and a written apology was sent to the patient. The patient was invited to discuss the matter further with the GP and it was emphasised that clinicians should ensure time is taken to explain diagnoses to patients clearly.

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 was displayed in the waiting areas and consulting rooms. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice planning to update its IT system and change to a new patient record system.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were some areas where attention was required.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, GPs had lead roles in infection control and safeguarding.
- At the time of our inspection the practice manager had officially left the practice but had returned to assist with the inspection. They told us they would continue to support the practice on an ad-hoc basis until a new practice manager was in place. At the time of the inspection the practice had not yet recruited a new practice manager but following the inspection we were told a new practice manager had been employed.
- There were some policies in place and these were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held every six to eight weeks. Not all staff were able to attend as the meeting was held during working hours. Reception/administrative staff were able to contribute through the senior receptionist. Meeting minutes were accessible to all staff. This provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Arrangements for staff induction and training were not effective. The induction programme did not detail what topics should be covered as part of the training. There was no evidence of a comprehensive assessment of training needs and requirements or a training timetable for non-clinical staff.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. 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 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). The partners encouraged a culture of openness and honesty. From the sample of five documented examples we reviewed we found that the practice had systems 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 clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Requires improvement

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

- Staff told us the practice held regular team meetings. Clinical staff meetings took place every six weeks. General staff meetings took place every one to two months. Staff said they were encouraged to raise any issue at any time and not wait for the next meeting.
- Staff told us there was an open culture within the practice. Non-clinical staff said they could raise any issues at team meetings through the senior receptionist and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. Staff went out together at Christmas time.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

We saw some evidence of the practice seeking feedback from patients and staff; however this needed to be improved.

- The practice did not have a patient participation group (PPG). We were told they had a patient reference group (PRG) and that representatives had been invited to speak with us during the inspection, however they did not attend on the day.
- The practice had last sought feedback under the friends and families test in 2016. We were told only one response had been received in 2017 and they had now run out of cards. They were planning to install an electronic self checking-in terminal as part of the IT upgrade which would collect feedback directly from patients in an electronic format. This was not yet in place at the time of our inspection.
- We saw the practice carried out its own patient survey in 2016 and had produced a patient information leaflet providing the results of the survey and the resulting action plan. For example, to try and address feedback about difficulty obtaining an appointment at a convenient time, the practice had identified certain clinics which had a high number of patients failing to attend (DNAs). The practice had started to contact patients to remind them about their appointment. Also patients were being encouraged to sign up to online services through which appointments could be cancelled more conveniently without having to contact the practice directly.
- Information was on display encouraging feedback from patients and a suggestion box was available.
- Staff told us they could give feedback through appraisals and discussion. They told us they felt involved and engaged to improve how the practice was run. However there was no evidence or examples of staff feedback being proactively sought or acted upon.

Continuous improvement

There was some evidence of continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was engaging with the locality group which was looking at improving diabetes care. They were due to be trained on the frameworks for the improving of the quality of diabetes care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services by failing to: • Ensure significant events were reviewed regularly to identify and address and trends. • Ensure all staff received regular safeguarding, infection control and fire awareness training. • Ensure staff undertaking chaperone duties had received suitable training and were aware of the requirements of the role. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to ensure effective systems and processes were in place, specifically by failing to: • Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients specifically in relation to significant events, staff training, safeguarding, prescription form security and maintenance of emergency medicines and equipment. • Ensure processes and procedures were in place to support the seeking and acting on of feedback from

This section is primarily information for the provider

Requirement notices

patients for the purposes of continually evaluating and improving such services. For example through a patient participation group (PPG) in place and responses to the friends and families test.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.