

# 271a Southend Road

## 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 of 271a Southend Road on 16 October 2017. Overall the practice is rated as requires improvement.

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

- Staff were able to recognise and reported significant incidents. We saw that actions, learning and follow up was documented.
- The practice had some clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. However there were actions from risk assessments and audits that had not been completed.
- The process for monitoring high risk medicines was not effective. We viewed a sample of records from searches of patients that were prescribed a high risk medicine and saw that reviews and monitoring was not in place for these patients.

- Blank prescription forms and pads were securely stored. The practice were recording the serial numbers but had not been tracking the prescriptions through the practice. This was changed the day of the inspection and the practice forwarded a copy of their new process and record sheet to document this.
- The practice had an overarching governance framework to support the delivery of the strategy and good quality care. Procedures and policies had been reviewed and updated. However, there was an inconsistent system for identifying, capturing and managing issues and risks.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. However, the practice did not have a patient participation group.

# Summary of findings

- Medicine and patient safety alerts had been actioned. We saw that the practice had a folder of all safety alerts that had been received. The practice produced evidence of searches already conducted in response to the alerts received.
- The practice were utilising the community specialist nursing teams to manage some of the patients with long term conditions. In addition to this staff that were working in the practice were completing reviews, immunisations and health screening. They were telephoning patients that were hard to engage.
- The practice had implemented clinical audit and we saw evidence of quality improvement.
- The practice had locum packs and checklists in place for locum recruitment. All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included arrangements for cover from local practices in the area should there be the need.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients including the prescribing of high risk medicines.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, completing actions identified from infection control audits and risk assessments and ensuring there are systems in place in order to provide patient care in relation to the monitoring of patient's health conditions.

In addition the provider should:

- Implement the procedure to ensure prescriptions are tracked throughout the practice.
- Continue to work to establish a Patient Participation Group.
- Review PGDs and ensure all are signed by GP in line with legislation.
- Continue to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. For example telephone access.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff were able to recognise and reported significant incidents. We saw that actions, learning and follow up was documented.
- The practice had some clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.
- Annual IPC audits were undertaken however there was no action plan to evidence that action was taken to address any improvements identified as a result.
- The process for monitoring high risk medicines was not effective. We viewed a sample of records from searches of patients that were prescribed a high risk medicine and saw that reviews and monitoring was not in place for these patients.
- Arrangements for safeguarding reflected relevant legislation and local requirements. The practice had a list of children that were looked after or children in need behind reception so that all staff were aware of the patients and could alert the GP if required.
- The practice had an up to date fire risk assessment which was completed in January 2017. There were various actions to be completed following the risk assessment, some of which had been completed.
- Medicine and patient safety alerts had been actioned. We saw that the practice had a folder of all safety alerts. The practice produced evidence of searches already conducted in response to the alerts received.
- Blank prescription forms and pads were securely stored. The practice were recording the serial numbers but had not been tracking the prescriptions through the practice. This was changed the day of the inspection and the practice forwarded a copy of their new process and record sheet to document this.

Requires improvement



### Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were lower than CCG and national averages for the year 2016/17. Previously the practice had been performing higher in all areas.

Requires improvement



# Summary of findings

- The practice were utilising the community specialist nursing teams to manage some of the patients with long term conditions. In addition to this staff that were working in the practice were completing reviews, immunisations and health screening. They were telephoning patients that were hard to engage.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence that audit was driving improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Multidisciplinary meetings were held quarterly.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1.3% of their practice list as carers and signposted these patients to support organisations.
- Information about bereavement support was available in the waiting area and the practice sent a card to families and signposted to bereavement counselling were appropriate.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients told us they were able to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice belonged to the local GP Alliance which offered patients appointments at weekends and Wednesday evenings.

# Summary of findings

- Information about how to complain was available and evidence from one example reviewed showed the practice responded quickly to issues raised.
- The practice had reflected on the patient survey results and had proceeded to update their telephone system. At present there was only one line into the practice and therefore if a patient was on the telephone no one else could call in. The practice had a quote for the new system which was planned to give more access to patients telephoning.

## Are services well-led?

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

- The practice had a clear vision and ethos, which was described in their Statement of Purpose.
- There was a simple leadership structure and staff felt supported by management.
- The practice had an overarching governance framework to support the delivery of the strategy and good quality care. Procedures and policies had been reviewed and updated. However, there was an inconsistent system for identifying, capturing and managing issues and risks.
- The practice had implemented clinical audit and we saw evidence of quality improvement.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. However, the practice did not have a patient participation group.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice has an overall rating as requires improvement. Specifically, the practice is rated requires improvement for the provision of safe, effective and well-led services. However, the practice was rated good for the provision of caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Longer appointments were available for older people if required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with their admission avoidance patients with a multi-disciplinary approach.
- The practice hosted a regular toe-nail cutting service provided by Age UK.

**Requires improvement**



### People with long term conditions

The practice has an overall rating as requires improvement. Specifically, the practice is rated requires improvement for the provision of safe, effective and well-led services. However, the practice was rated good for the provision of caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The nurse had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- Referrals were made to community specialist nursing teams for those patients that needed support, for example newly diagnosed diabetic patients.
- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice has an overall rating as requires improvement. Specifically, the practice is rated requires improvement for the

**Requires improvement**



# Summary of findings

provision of safe, effective and well-led services. However, the practice was rated good for the provision of caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, 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 comparable to CCG and national targets for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 78%, which was in line with the CCG average 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All children under five years of age were offered an appointment on the day.

## **Working age people (including those recently retired and students)**

The practice has an overall rating as requires improvement. Specifically, the practice is rated requires improvement for the provision of safe, effective and well-led services. However, the practice was rated good for the provision of caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was a member of the local GP alliance which offered patients appointments at weekends and Wednesday evenings; this was particularly useful for working age people.
- The practice had launched a practice website to increase the use of online services. Patients were able to book appointments on line.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available with the GP the nurse.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice has an overall rating as requires improvement. Specifically, the practice is rated

requires improvement for the provision of safe, effective and well-led services. However, the practice was rated good for the provision of caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Learning Disability checks were undertaken annually, either in the practice or at a local Health Hub ensuring a high level of attendance by the patient and carer.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

## People experiencing poor mental health (including people with dementia)

The practice has an overall rating as requires improvement. Specifically, the practice is rated requires improvement for the provision of safe, effective and well-led services. However, the practice was rated good for the provision of caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 2016/17 data showed performance for mental health related indicators were 46% compared with 87% CCG average and 94% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients with dementia and provided home visits for those unable to attend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Carers were highlighted on their patient record and offered appropriate vaccinations and health checks.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 244 survey forms were distributed and 94 were returned. This represented a response rate of 39%.

- 55% of patients found it easy to get through to this practice by phone compared to the local average of 68% and the national average of 71%.
- 80% of patients said the last appointment they got was convenient. This was better than the local average of 73% and the national average of 81%.
- 75% of patients described the overall experience of this GP practice as good compared to the local average of 77% and the national average of 85%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 66% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were mainly positive about the service experienced. One of the comment cards whilst complimenting staff also stated that they found it difficult to get an appointment others stated that they could get an appointment easily and quickly when needed. Comments said that there were happy with the service from the GP, reception staff and the nurse.

The practice did not have a patient participation group (PPG). They had been trying to recruit patients however had not had any interest. Patients that we spoke with on the day said that they would speak with the practice directly if they had any concerns and were happy with the service that was provided.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients including the prescribing of high risk medicines.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, completing actions identified from infection control audits and risk assessments and ensuring there are systems in place in order to provide patient care in relation to the monitoring of patient's health conditions.

### Action the service **SHOULD** take to improve

- Implement the procedure to ensure prescriptions are tracked throughout the practice.
- Continue to work to establish a Patient Participation Group.
- Review PGDs and ensure all are signed by GP in line with legislation.
- Continue to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. For example telephone access.

# 271a Southend Road

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

- The practice is part of an Alliance where patients can book appointments at a local practice on a weekend and Wednesday evening.
- When the practice is closed, patients are directed to out of hours services by calling 111. These services are provided by Integrated Care 24.

## Background to 271a Southend Road

The practice at 271a Southend Road is located in Stanford Le Hope, Essex. The practice is situated in a residential house that has been adapted to meet the needs of the patients.

- The practice is in the Thurrock Clinical Commissioning Group (CCG).
- The practice has a general medical services (GMS) contract with the NHS.
- The practice has a higher than average population aged over 65 years old.
- At the time of our inspection, 271A Southend Road had a list size of 2000 patients. It is registered with the Care Quality Commission as a sole provider since the previous partnership ended in August 2016.
- The practice is supported by three long term locums (female) and a practice nurse.
- There is a practice manager, and a team of five receptionists.
- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 10am to 1pm and 4pm to 6.30pm daily other than Thursday afternoon when the practice is open for emergencies only.

## 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 16 October 2017. During our visit we:

- Spoke with a range of staff (practice manager, GPs, practice nurse and reception team).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system 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 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).
- The practice had a significant event policy to explain to staff the process or examples of incidents to be reported. Staff we spoke with could explain the process and examples of significant events.
- From the sample of significant events that we reviewed we saw that the practice was open and transparent. However, one of the significant events was not clearly described and differed to the account given to us by the reporter.
- We reviewed significant events reported in the last year. For example, an NHS computer virus, pathology reporting issues and on the day of the inspection the phone lines to the practice failing.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and truthful information. We saw from significant events that patients were contacted when applicable.
- We viewed minutes of practice meetings where these were discussed with the team and staff we spoke with were able to talk about significant events that had been reviewed or that had been completed.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team. We saw that the practice had a folder of all safety alerts that had been received and a log

that documented the date received and any action taken if applicable to the practice. The practice produced evidence of searches already conducted in response to the alerts received.

### Overview of safety systems and processes

The practice had some 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. 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 practice had the contact details for safeguarding referrals available in the policy which was in folder in the office or available on the shared area of the computer system for staff to access. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. Safeguarding was a standing agenda item on the practice meeting. The practice had a list of children that were looked after or children in need behind reception so that all staff were aware of the patients and could alert the GP if required.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two as appropriate to their role.
- A notice on each consulting room door advised patients that chaperones were available if required. All staff, except one who acted as chaperones were trained for the role and 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 manager had applied for a DBS for this staff member who was not chaperoning until the DBS was in place.

The practice maintained appropriate standards of cleanliness and hygiene.

## Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place through the buildings management. The nurse had schedules for their own cleaning of the consulting rooms and their equipment.
- The GP 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 and staff had received up to date training. Annual IPC audits were undertaken however there was no action plan to evidence that action was taken to address any improvements identified as a result. We saw that things had been identified such as chairs not being wipeable and the comment stated that chairs would be replaced if stained.. The practice completed monthly audits on the practice, looking at the areas inside the practice and externally. This was to identify any issues that they could improve on and to check that the cleaning was completed to the required standard.

Most of 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. However, the process for the monitoring of high risk medicines was not effective. We viewed a sample of records from searches of patients that were prescribed a high risk medicine and saw that reviews and monitoring were not in place for these patients. There were nine patients on high risk medicines and we reviewed four of these patients. We saw that the blood monitoring was not documented on the patient record and that the practice had issued prescriptions to patients despite this. We discussed this with the practice manager and the GPs and found that this was a local issue with practices in the CCG not been able to access the hospital monitoring system. The practice took steps following the inspection to reduce this risk and the medicines management representative from the CCG told us that this was ongoing work locally. We were forwarded new protocols and guidance that the practice were to follow, this included writing to all patients concerned to explain the new system for prescribing of these medicines. 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. The practice were recording the serial numbers but had not been tracking the prescriptions through the practice. This was changed the day of the inspection and the practice forwarded a copy of their new process and record sheet to document this.

- Patient Group Directions ( PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed 13 of the PGDs and three of these had not been signed by the GP and were therefore not in line with the legislation. The practice manager said that they would get these signed.
- We found that there was a cold chain policy in place and staff could explain the process that they would take should the temperature of the fridge be out of range. We saw evidence that the fridge temperatures were checked daily.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, interview records, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

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

- Risks to patients were not assessed and well managed.
- There was a health and safety policy available. However there was no risk assessment completed.
- The practice had an up to date fire risk assessment which was completed in January 2017. There were various actions to be completed following the risk assessment, some of which had been completed. However, the risk assessment also stated that doors should be replaced with fire resistant doors and that emergency lighting should be put in place. The oxygen cylinder should have been stored in a different area and off the floor. The practice had not actioned all the recommendations on the day of the inspection. The

## Are services safe?

practice forwarded risk assessments for the oxygen cylinder the day after the inspection along with an action plan that identified the other areas for discussion with the owner of the building.

- Regular fire drills and testing was completed by the management of the building. All staff had completed fire safety training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice did not have any other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice said that they were managing the risk of legionella by running the taps, however there was no documented evidence of this on the day of the inspection. The practice completed and forwarded a legionella risk assessment the day after the inspection.
- The practice did not have any evidence of a five year fixed wire certificate, which had also been identified as being required on the fire risk assessment. This was included in their action plan.
- 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.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurses room.
- The practice had access to a defibrillator which was available on the premises and oxygen with adult and children's masks.
- 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 and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included arrangements for cover from local practices in the area should there be the need. The practice had on the day of the inspection used the business continuity plan as the phone lines had gone down and were able to divert the calls in line with the plan.



# 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.
- The practice had a direct link to NICE guidance on all the computers so that they could be accessed easily.

### 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). QOF data for 2016/2017 showed the practice achieved 68% of the total number of points available. Their exception reporting was 4.5% which was below the local average of 8.4% and the national average of 10%. (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 2016/17 showed:

- Performance for diabetes related indicators were 56% compared with CCG average of 85% and national average of 91%.
- Performance for stroke related indicators were 85% compared with CCG average of 96% and national average of 97%.
- Performance for mental health related indicators were 46% compared with 87% CCG average and 94% national average.
- Performance for atrial fibrillation related indicators were 100% compared with CCG average of 99% and national average of 98%.

The practice had undergone changes in the previous 12 months where the partnership had ended and the GP that was now a single handed GP was new to the practice in a clinical capacity, having previously been a silent partner. The practice had recognised that there were areas that they needed to work on and the CCG were working closely with them. The practice were engaging with other practices and community services to improve services for patients and to help with managing patients with long term conditions. Staff took an active role in managing QOF and areas were assigned to staff to recall patients for reviews.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last year, one of which was a two cycle completed audit. The others were all single cycle audit with plans to complete later in the year.
- Audits had shown quality improvement. For example the audit regarding patients with vitamin D on a repeat prescription showed that some patient's levels had improved sufficiently. Patients were contacted and levels were reviewed. Patients were given advice on self-care for the future.

### Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, including locums. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice were assisted by three locum GP's. However, they were long term locums and had set days in the practice. They were also involved in managing patient's long term conditions, meetings and care planning.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice manager had an online system for staff to complete their training and identified staff training that was due for review.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of



# Are services effective?

## (for example, treatment is effective)

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.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice attended time to learn events that were led by the CCG. These meetings were used for training sessions on different topics throughout the year.
- The practice manager had documented checks of registration with staffs professional bodies and indemnity was in place for those staff that required it.

### 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 found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a quarterly basis. We reviewed the meeting minutes when care plans were routinely reviewed and updated for patients with complex needs. The MDT co-ordinator attended the inspection to

explain the relationship with this practice and told us that the meetings were in addition to the conversations that they would have if they had any concerns regarding patients.

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.

We viewed the pathology results and saw that these had all been actioned appropriately and in a timely manner.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse 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 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, smoking and alcohol cessation.
- Patients were provided practical advice and signposted to the relevant service

The practice's uptake for the cervical screening programme was 78%, which was in line with the CCG average 81% and the national average of 82%.

Childhood immunisation rates for the vaccinations given were above or comparable with the standard 90%. For example;

- The practice achieved 93% for the percentage of children aged one year with full course of recommended vaccines.

# Are services effective?

(for example, treatment is effective)

- The practice had achieved 87% - 100% of all other appropriate vaccinations for children.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by the nurse explaining the test and showing patients the equipment that would be used. The nurse explained that some patients would be offered an appointment to discuss the

process of the cervical screening to help the patients feel at ease. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We found that staff members were welcoming and 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 their patients and were sensitive to issues. When requested by a patient or if a patient appeared distressed they could offer them a private room to discuss their needs. There was a sign at reception to explain this to patients.
- The reception desk was situated away from patients in the waiting areas.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were mainly positive about the service experienced. One of the comment cards whilst complimenting staff also stated that they found it difficult to get appointment others stated that they could get an appointments easily and quickly when needed. Comments said that there were happy with the service from the GP, reception staff and the nurse.

We spoke with two patients at the practice. They also told us they were pleased with the care provided by the practice. One of the patients said it was difficult to get an appointment and they were not aware of the weekend and out of hours hub where they could book routine appointments in addition to the practice. Both patients spoke highly of the staff and how caring and attentive they were.

Results from the national GP patient survey, published in July 2017 showed patients reported levels of satisfaction with the nursing team and confidence and trust in their GPs in line with the CCG and national averages. For example:

- 87% of patients said the GP was good at listening to them this was the same as the local average of 83% but below the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the local average of 80% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the local average 92% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 78% and the national average of 86%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 88% and the national average of 91%.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received told us they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff and said that staff listened to their needs and tried to accommodate requests.

Results from the national GP patient survey, July 2017, showed patients reported levels of satisfaction with the clinical team in line with CCG and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 79% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 73% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 84% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice did not have a hearing loop installed at the practice. The practice found that the patients that were hard of hearing preferred to be communicated to in a written format. They also had the option of sign language interpreters if required.

## Are services caring?

### **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.

The practice's computer system enabled the GPs to know if a patient was also a carer. The practice had identified 25 carers (1.3% of their patient list). The new patient checklist asked patients if they were a carer or if they had a carer. The practice had a sign in the notice board for carers to

speak with the practice manager. The practice were able to signpost to the support that could be accessed locally. The practice would provide health checks and flu vaccinations to those patients that identified as carers. The practice had implemented their own questionnaire for carers to complete advising the practice of any suggestions of how the practice could support them.

Staff told us that if families had suffered bereavement, a card was sent and families were offered an appointment and signposted to bereavement counselling were appropriate. Staff were also informed of the death and patient records updated.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice was a member of the local GP Alliance which gave patients access to weekend and Wednesday evening appointments at an alternative location.
- There were longer appointments available for patients who needed them, such as those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- A hearing loop was not provided in the practice. The practice told us that they had one patient who was hard of hearing and they preferred to communicate in writing.
- A translation service was available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. (Other than Thursday when the practice closed at 12.30pm). Appointments were from 10am to 1pm and 4pm to 6.30pm daily.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice was also a member of the local GP Alliance which offered patients weekend and Wednesday evening appointments at an alternative location.

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

- 73% of patients were satisfied with the practice's opening hours compared to the local average of 70% and the national average of 76%.
- 55% of patients said they could get through easily to the practice by phone compared to the local average of 68% and the national average of 71%.

- 59% of patients described the experience of making an appointment as good; this was the same as the local average of 66% and the national average of 73%.
- 80% of patients told us that the last appointment they got was convenient. This was above the local average of 73% and national average of 81%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 66% and the national average of 77%.

The practice had reflected on the patient survey results and had proceeded to update their telephone system. At present there was only one line into the practice and therefore if a patient was on the telephone no one else could call in. The practice had a quote for the new system which was planned to give more access to patients telephoning. Patients told us on the day of the inspection said that they were able to get through on the telephone although it was busy in the morning but one of the patients said it was difficult to then get an appointment on the day and sometimes had to wait up to two weeks for an appointment with a GP. The practice were also trying to promote the website and the benefit of booking their appointments on line.

The practice had a system to assess:

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

All requests for a home visit would be passed to a GP who would contact the patient to assess the urgency and if a home visit was necessary would attend after the surgery in the morning.

### 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.
- We saw that information was available to help patients understand the complaints system. There was a poster in reception and a leaflet available which told patients how to complain.

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

There had been no formal complaints since the provider had changed in August 2016. An informal complaint had

been documented and had been handled in line with the policy. This complaint had been discussed at a practice meeting and we saw this evidenced in the written minutes so that all staff were able to be made aware.

# 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 clear vision and ethos, which was described in their Statement of Purpose. Staff were clear about the vision and their responsibilities in relation to this. The practice had an action plan which had identified areas where they needed to improve.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy and good quality care. Procedures and policies had been reviewed and updated. However, there was an inconsistent system for identifying, capturing and managing issues and risks.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs, the nurse and other staff had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice staff had areas to work on for QOF.
- Practice meetings were held where minutes showed topics discussed such as safeguarding, significant events and complaints.
- There was a clinical meeting held monthly which included clinical issues such as audits and the locum staff attended when possible. The nurse was able to speak to the GP about any issues that they had and were also able to call on them during an appointment if necessary.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However on the day of the inspection the fire risk assessment that had taken place in January 2017 had actions that were not completed. The practice did not have a legionella risk assessment on the day of the inspection although it was completed and forwarded the next day.

- All staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- We saw evidence from minutes of meetings that these allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection we found the GP and the practice manager demonstrated they had the experience and capability to run the practice and ensure high quality care. However, this provider had taken over in August 2016 and had been left with some difficult challenges. The patient list had reduced and the practice had experienced financial difficulties. Over the past year the practice had taken on long term locum GPs and had built the patient list back up. The practice utilised the community nursing teams to assist with management of some long term conditions and worked closely with the local CCG to look at ways to improve going forward.

They told us they wished to use the inspections to learn and improve and that the outcome of this inspection would then focus them on any further areas to improve.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff were confident and felt supported in raising concerns with the practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.

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

- The practice attended multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.

# Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the manager 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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Comments left on NHS choices, which were responded to by the practice.
- Staff through annual appraisals and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice did not have a patient participation group (PPG). They had been trying to recruit patients however had not had any interest. Patients that we spoke with on the day said that they would speak with the practice directly if they had any concerns and were happy with the service that was provided.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice.

The practice were part of an alliance so that patients could access more appointments. The practice had recognised existing and potential future challenges. The practice was active and worked collaboratively with the CCG and other practices in the locality to improve care for patients.

Plans for the future were to build on the patient list size.



## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not evidence that governance systems were fully embedded.</p> <p>There was not a system to ensure that appropriate monitoring for all patients in receipt of high risk medicines.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• to provide patient care in relation to the monitoring of patient's health conditions and</li><li>• to ensure actions from audits and risk assessments are completed.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	