

Melrose Surgery - Dr Fab Williams & Partner

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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Inadequate	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Melrose Surgery Dr FAB Williams and Partner on 18 September 2015. This inspection covered areas of concern we identified at our last comprehensive inspection in January 2015, after a six month period of the practice being in special measures. On the date of inspection visit several staff members were absent and access to information we needed was limited. Some information we requested was not sent to us. Therefore some sections of the report do not have the range of evidence we would usually gather.

At this inspection our key findings across all the areas we inspected were as follows:

- The practice was due to close on the 9th October 2015 and the patients registered at Melrose Surgery Dr FAB Williams and Partner were to be transferred to the neighbouring GP provider.

- Risks to patients were often not identified, assessed or well managed.
- Staff were not always provided with the protocols and awareness they needed to respond to emergencies.
- Medical equipment and drugs were available but emergencies were not appropriately planned for.
- Infection control and hygiene of clinical areas was not effectively monitored.
- Medicines were not monitored appropriately
- Patients had not been informed via signs in the practice or on the website that the practice had a rating of inadequate given following the inspection in January 2015.
- Staff had processes to follow in order to raise concerns, and to report incidents and near misses. Information about safety was recorded, and reviewed.
- Patients' medical needs were being assessed and care was planned and delivered following national guidance
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- The practice was mostly clean but we found areas of dust in treatment rooms. Maintenance had improved since our inspection in January 2015.
- There was monitoring of patient care but this was not in the form of a cohesive programme of clinical audit. The practice had prioritised resources in the identification of patients overdue medical and long term condition reviews to ensure their care was effective and safe, over recent months.
- Information about services and how to complain was not easily available.
- Access to appointments was good. Appointments were available the same day.
- Accessibility for disabled patients had been improved but it was still not appropriately assessed despite the concerns being raised in January 2015.
- Meetings had been introduced for staff communication but staff did not always feel supported by the leadership team.
- The practice did not communicate effectively with patients to advise them of the closure of the practice. Some patients reported being very concerned at the lack of communication.
- Fully prepare the service for medical and other emergencies by ensuring staff have the correct drugs, training and awareness of how to respond to emergencies which may occur.
- Monitor medicines to ensure they are safe and effective.
- Put in place a full programme of clinical audit including responsive audits where data suggested that improvements to the service can be made.
- Ensure patients with limited mobility can access the service safely and where possible independently.
- Improve communication with patients specifically in regards to the transfer of patients to another practice.
- Review systems of governance to reflect the needs of the practice and to support staff in their roles.
- Display the practices rating of its performance by the Commission following an inspection.

The practice has been rated as inadequate overall after the inspection in September 2015, which followed the practice being placed into special measures in January 2015. The provider will be cancelling their own registration and a new NHS England contract, with a new provider, commenced on 9 October 2015.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

There were areas of practice where the provider must make improvements:

- Improve infection control procedures including the monitoring of cleaning

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services. Infection control and medicines management procedures were not followed by staff. Medical emergencies were not planned for appropriately and staff were not always provided with appropriate information regarding events which may impact on the running of the service. Staff had systems to follow in order to report incidents and near misses.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were similar to average for the locality. However, there was no programme of clinical audit. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. We were not able to review staff records of training. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services. Patients were unhappy because they had not been informed about the closure of the practice. Some patients were still being registered at the practice despite the imminent closure. There was no curtain in the nurse's treatment room to protect patients' dignity and confidentiality. Data showed that patients rated the practice similarly to others for several aspects of GPs' care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Feedback regarding reception staff was very positive in comparison to the local and national average. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Patients were not communicated with effectively. Information about how to complain was not easily available. Accessibility for patients with limited mobility was not properly assessed and not all changes made to ensure access was safe had been made, despite the problem being reported after our inspection in January 2015. Patients were able to make an

Requires improvement



Summary of findings

appointment in advance or on the day; feedback from patients indicated appointments were accessible. Complaints were responded to. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear strategy for the closure of the practice and the transfer of patients to the new GP practice. Staff were not always clear about their responsibilities. The practice had a number of policies and procedures to govern activity but these were often not related specifically to the practice. Regular governance meetings were held. Systems to monitor and identify risk were not always followed by staff. The practice proactively sought feedback from staff and patients but did not report on this as required by their contract. There was no patient participation group (PPG).

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. There were concerns which led to ratings of in the effective, caring and responsive domains and to ratings of inadequate for safety and well-led. These concerns related to all the population groups. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice provided reviews of conditions often associated with aging such as dementia and screening for such conditions was offered to patients. Home visits were offered by an external GP and same day appointments were also available.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. There were concerns which led to ratings of requires improvement in the effective, caring and responsive domains and to ratings of inadequate for safety and well-led. These concerns related to all the population groups. The nurse led the reviews of patients with chronic disease. Longer appointments and home visits were available when needed. A locum GP was providing the majority of appointments and the remaining GP partner provided appointments once a week. Multi-disciplinary working took place where necessary. There was improved monitoring of long term conditions since the inspection undertaken in April 2015. However, there was no programme of clinical audit to identify and embed improvements for this group of patients.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. There were concerns which led to ratings of requires improvement in the effective, caring and responsive domains and to ratings of inadequate for safety and well-led. These concerns related to all the population groups. 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 close to the national average for all standard childhood immunisations. Child immunisations had been suspended in July 2015 and August 2015 meaning the numbers of these completed for the year so far were lower than expected. Pre

Inadequate



Summary of findings

and post-natal appointments with a GP were undertaken at a nearby practice in Reading. A midwife also saw patients in the practice. Facilities including access for buggies and prams had not been improved significantly since our inspection in January 2015.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). There were concerns which led to ratings of requires improvement in the effective, caring and responsive domains and to ratings of inadequate for safety and well-led. These concerns related to all the population groups. No extended hours appointments were available which potentially affected this group of patients the most. Access during normal working hours was good. Phone access to the practice was rated highly by patients. This was particularly useful for patients calling at peak times for appointments such as those who work full time.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. There were concerns which led to ratings of requires improvement in the effective, caring and responsive domains and to ratings of inadequate for safety and well-led. These concerns related to all the population groups. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered annual health checks and longer appointments for people with a learning disability. Phone translation services were available for patients who did not have English as a first language. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). There were concerns which led to ratings of requires improvement in the effective, caring and responsive domains and to ratings of inadequate for safe and well-led. These concerns related to all the population groups. Dementia screening was offered to patients deemed at risk of the condition. Care plans were developed for some patients with poor mental health. The practice had told

Inadequate



Summary of findings

patients experiencing poor mental health about how to access various support groups and voluntary organisations. Records showed that monitoring of medication for patients on anti-depressants took place.

Summary of findings

What people who use the service say

The most recent national GP patient survey results undertaken from January to March 2015 showed the practice was performing in line with local and national averages. There were 393 responses and a response rate of 25%.

- 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 98% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%
- 96% found it easy to contact the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 66% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards some of which were positive about the standard of care received. Patients we spoke with and some comment cards were concerned about the lack of communication over the changes taking place at the practice.

Areas for improvement

Action the service MUST take to improve

were areas of practice where the provider must make improvements:

- Improve infection control procedures including the monitoring of cleaning
- Fully prepare the service for medical and other emergencies by ensuring staff have the correct drugs, training and awareness of how to respond to emergencies which may occur.
- Monitor medicines to ensure they are safe and effective.
- Put in place a full programme of clinical audit including responsive audits where data suggested that improvements to the service can be made.
- Ensure patients with limited mobility can access the service safely and where possible independently.
- Improve communication with patients specifically in regards to the transfer of patients to another practice.
- Review systems of governance to reflect the needs of the practice and to support staff in their roles.
- Display the practices rating of its performance by the Commission following an inspection.

Melrose Surgery - Dr Fab Williams & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC inspection manager, a practice nurse specialist adviser and an Expert by Experience.

Background to Melrose Surgery - Dr Fab Williams & Partner

Melrose Surgery - Dr Fab Williams & Partner is located in a converted building in Reading and has a population of approximately 1650 patients. The practice population has some economic deprivation although the proportion of patients affected by deprivation is higher among children and older patients. There are a higher proportion of patients aged 35 to 50 registered with the practice than the national average.

At the time of the inspection a locum GP provided appointments four days a week and a partner provided appointments one morning per week. Both GPs were female. There was one practice nurse. Patient services were located on the first floor and basement. There was no patient participation group (PPG).

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available Monday to Friday. There are no extended hours appointments available.

The practice underwent a comprehensive inspection on 21 January 2015 and as a result was placed into special measures. The practice was due to close on the 9 October 2015.

Melrose Surgery - Dr Fab Williams & Partner has a General Medical Services (GMS) contract. GMS contracts are negotiated between NHS England and the practice.

This was a comprehensive inspection of the surgery at Melrose Surgery, 73 London Road, Reading, RG1 5BS

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and on the website. Out of hours services are provided by West Call.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice had received a comprehensive inspection in January 2015 and was placed into special measures. This inspection was to identify whether improvements had been made by the provider.

The concerns we identified in January 2015 led us to place the practice into special measures, take enforcement action and issue requirement notices. Following the inspection the practice sent us an action plan detailing how they planned to improve the quality of the service. Since the January 2015 inspection we have undertaken three focussed inspections in response to concerns and we

Detailed findings

temporarily suspended the practice's registration in April 2015. We also issued a warning notice in relation to concerns we found at a focussed inspection in April 2015. In June 2015 we found requirements related to the warning notices we had issued had been met.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 18 September 2015. During our visit we spoke with staff including GPs, receptionists and spoke with patients who used the service. We observed how people were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

During the inspection in September, we were unable to access all the records, information, policies and procedures within the practice. This was due to the lack of availability of staff on the inspection day. We requested the evidence we needed prior to the inspection but the practice did not ensure we had access to all the information we needed.

Safe track record and learning

In January 2015 we found that the practice did not have an appropriate system in place for reporting, recording and learning from significant events. Significant events were not discussed at meetings. In September 2015 we found that there was a system in place for reporting and recording significant events. Staff had access to incident reporting forms and were able to report incidents. We saw from minutes that incidents had been discussed in staff meetings. Meetings had been held in April, May June and July and included discussions of some of the significant events that had been raised. We followed the investigation process for one significant event related to home visits and saw a change in protocol had been implemented to ensure patients received safe care during and following home visits. We saw that some patients who did not attend for cervical screening had been noted as significant events. This was in relation to the low uptake for cervical screening and to identify what could be done to improve the uptake. We were unable to ask the practice nurse what had been done to improve uptake.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe. However some systems were not followed in practice and placed patients at high risk of harm. We found that:

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff said they would contact a GP if they were concerned

about a patient. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. One staff member had not received induction training on safeguarding.

A chaperone service was available to patients. However, we noted that there was no notice displayed in the waiting room advising that chaperones were available.

The practice had undertaken a fire risk assessment in 2015 and we saw actions required from the assessment were due to be completed by the end of September 2015. This included evacuation apparatus for assisting patients with limited mobility. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a risk assessment in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

At our last inspection in January 2015 we found the clinical treatment rooms and some communal areas were not cleaned appropriately. The audit tool used by the infection control lead did not accurately reflect the protocols or actual processes used within the practice. The infection control policy did not reflect the practices use of equipment. Some medical equipment was found to be dirty.

At the inspection in September 2015, we found dust in the consultation and treatment rooms on high level surfaces. We requested the most recent infection control audit prior to the inspection but were not provided with one. However, we observed redecoration of communal areas was underway to improve the environment. Floors and work surfaces in the treatment room were clean. We observed that the spirometer (used for monitoring respiratory diseases) in the nurses room had been cleaned. However, we observed the ear syringer was dirty. Neither the spirometer nor the ear syringing equipment was cleaned in line with the manufacturer's instructions. Clinical waste was disposed of appropriately. A sharps or needle stick injury protocol was available for staff. However, staff were not provided with guidance on handling specimens at reception when delivered by patients to the practice. When a patient delivered a specimen we saw a staff member ask a patient to place the specimen in a bag they held open without using gloves. The specimen was placed in a vaccines fridge along with medicines. There was no forms

Are services safe?

with one specimen and limited information on the container. Another had a form but information on the container. There was a risk the containers might be incorrectly identified.

At our inspection in January 2015 we found the practice did not have arrangements in place to ensure it could effectively manage emergencies. The practice had not based its medical equipment or medicines on a risk assessment. The patient group directives (PGDs) in place at the practice were for a previous nurse not the current member of staff undertaking vaccinations. We reviewed the practice's PGD folder and noted that the signed forms were out of date for the medicines they related to. Therefore the nurse was not administering vaccines legally.

In September 2015, we found arrangements for managing medicines, including emergency drugs and vaccinations, did not ensure patients were kept safe. Checks were carried out to ensure medicines were within expiry date and to identify stock levels but not on a monthly basis. We saw medicines noted as out of date at the end of August 2015 were signed for as checked one month later in September 2015. We found eight vials (individual doses) of a specific vaccine were out of date in the vaccine fridge. We also found medical consumables were past their expiry dates, such as urinalysis sticks (expired March 2015) and neuro examination pins (expired 2011).

There was a policy for the receipt of vaccine deliveries and for their storage. The policy stated that fridge temperatures should be recorded daily Monday to Friday, but we saw from records that this was not happening on every week day. The nurse worked part time so could not undertake these checks daily. However, no other staff deputised for the nurse ensuring the vaccines were being stored at the required temperatures.

At our last inspection in January 2015, not all staff recruitment checks had been undertaken. Hepatitis B checks were not available nor any information on the

health and fitness of nurses, GPs or other staff to perform their roles. In September 2015 we were not provided with access to staff files or recruitment documentation to check improvements had been made.

Arrangements to deal with emergencies and major incidents

In January 2015, we found a business continuity plan was not in place to deal with a range of emergencies that might impact on the daily operation of the practice. At this inspection we found the practice had a business continuity plan in place for major incidents such as power failure or loss of premises. However, the contacts for who staff should refer to were not all completed in the business continuity plan. Not all staff had been made aware of the continuity plan and what action to take in the event of emergencies.

At our inspection in January 2015, we found that emergency medicines had not been based on a risk assessment of how long it would take emergency services to attend the practice, what emergencies were likely to occur based on treatments provided or how accessible the premises were. At this inspection, we found staff knew where emergency equipment was stored. There were emergency medicines available including an automated external defibrillator (AED) and oxygen. We saw that emergency medicines were checked and they were up to date. However, not all the medicines potentially required were stored. There was no water available in the form needed to provide patients with an injection for anaphylaxis. There were medicines available to potentially treat cardiac arrest and hypoglycaemia.

One receptionist who worked alone without any other staff onsite for up to an hour in the evenings had not received basic life support training. They had not been given a protocol of what to do in the event that a patient needed medical assistance or other emergencies. This meant there were insufficient plans in place to assess and manage risks associated with anticipated events or emergency situations.

Are services effective?

(for example, treatment is effective)

Our findings

During the inspection in September, we were unable to access all the records, information, policies and procedures within the practice. This was due to the lack of availability of staff on the inspection day. We requested the evidence we needed prior to the inspection but the practice did not ensure we had access to all the information we needed.

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

The practice had systems to distribute daily tasks to appropriate clinicians, such as computer storage for documents related to discharge summaries and out of hours correspondence. Reception staff supported GPs to access this information easily. There was also a system for allocating test results. The recording of consultations undertaken on home visits was not recorded directly on the patient record system, but via verbal notes passed on from the visiting GP over the phone to staff who transcribed them into patients' records.

The practice had ensured that patients with the most complex needs or who were most vulnerable were shared with the new provider. The locum GP told us they were compiling individual handovers for any patients with complex or high risk needs. This would enable the practice taking over the patient list to prioritise those patients and provide continuity of care.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014, 96% of the total number of points available were achieved. Compared to the national average of 94%. Exception reporting for this

period was 7.4% compared to the national average of 4.1% (exception reporting takes place when GP practice cannot provide care in line with national standards. For example, if a patient is too ill to take a medicine recommended by NICE for a specific condition). We did not have access to the 2014/15 QOF data. Patients with long term specific conditions were flagged on the patient record system. There were care plans for some patients with specific conditions including:

- 65% of patients on the mental health register had up to date care plans in place. There were four patients on the dementia register with care plans

The practice had worked at improving its long term condition and medicine reviews for patients since we found concerns regarding the reviewing of these patients in April 2015. We looked at the processes in place to bring these reviews up to date. We checked 10 patients with long term conditions on the patient record system. We found that eight of the patients had medication reviews in the last year and one patient was only a week overdue. We saw evidence that planning for long term condition reviews was in place and that recording of when the reviews were required had been improved since April 2015 on the computer records. The practice provided us with data suggesting that 69% patients on repeat medications had up to date medication reviews within the past 12 months.

In January 2015, we found there was no overall programme of audit to identify, plan and monitor improvements to clinical care. We saw no audits or complete audit cycles to monitor improvements to patient care. In September 2015 there was no programme of clinical audit was being carried out. However, the practice had concentrated its monitoring of patient care on the backlog of overdue medication and long term condition reviews.

Effective staffing

In January 2015, communication between staff was often limited and roles were not always supported to ensure employees could perform their roles effectively. The nurse and GPs did not have a formal means of communication such as meetings in order to discuss clinical guidance or protocols. At this inspection we saw that from April until July 2015 monthly meetings took place where various staff attended including the nurse, GPs and practice manager.

Are services effective?

(for example, treatment is effective)

At the inspection in September 2015, access to staff training records was not provided to us to review staff training and development due to staff annual leave. This was despite this being requested prior and during the inspection.

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 any care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together alongside other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. The practice had identified a register of patients who were deemed at risk of admissions and care plans had been created for 85% of them to reduce the risk of these patients needing admission to hospital. A monthly meeting was held to discuss patients discharged from hospital and was attended by GPs and nurses. We saw evidence that multi-disciplinary team meetings took place and saw minutes from one of the meetings which took place in August.

Consent to care and treatment

We did not have access to any information regarding consent and treatment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients receiving

end of life care, carers, homeless patients and smokers. Patients were signposted to relevant external services where necessary. Eighty six per cent of smokers had been offered smoking cessation advice.

The practice offered screening programmes. The practice's uptake for the cervical screening programme was 65% which was below the national target of 80%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 90% of eligible patients had undertaken bowel cancer screening.

Up to date childhood immunisation rates were:

- 76% children aged up to one year old had up to date immunisations compared to the CCG 2014 average of 82%
- 80 % children aged up to 2 years have up to date immunisations compared to the CCG 2014 average of 86%.
- 89% of children from between 3-5 years old had up to date immunisations compared to the CCG 2014 average of 87%.

Child immunisations had been suspended in July and August 2015 which may account for the lower uptake of immunisations compared to the national average.

Flu vaccination rates for at risk groups in 2014 were:

- 69% for over 65s, which is slightly below the 2014 national average of 73%.
- 63% for patients under 65 deemed at risk of significant health problems related with flu compared with the national average of 52%

Are services caring?

Our findings

During the inspection in September, we were unable to access all the records, information, policies and procedures within the practice. This was due to the lack of availability of staff on the inspection day. We requested the evidence we needed prior to the inspection but the practice did not ensure we had access to all the information we needed.

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. There were no curtains provided in the treatment room to ensure that patients' privacy and dignity was maintained during examinations, investigations and treatments. There was a mobile curtain in the locum GP's consultation room. We noted that the consultation room door was closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 18 patient CQC comment cards. Mostly they were positive about the locum GP and caring nature of other staff at the practice. Some of the patients we spoke with said they felt the practice offered a good service. Some were dissatisfied with the care they had received at the practice. Mostly dissatisfied patients were unhappy because they had not been informed about the closure of the practice.

Results from the national GP patient survey which ran from January to March 2015 showed patients were happy with the services provided at reception. The practice was close to or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.

- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 98% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

The practice had not communicated effectively, regarding its closure the transfer of patients to another practice, with its patients to ensure that they were involved in decisions around their future care and treatment. Patients were not empowered to choose whether to leave and find another practice or wait for the transfer to go ahead. Some patients who left comment cards, who spoke to us and feedback from staff regarding patient comments showed there was some dissatisfaction with the lack of information. We saw patients were still being registered at the practice without being given any information despite the pending closure of the practice.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access some support groups and organisations. The

practice website also listed a number of services including Counselling, bereavement support and carer's support. Bereavement support was offered on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the inspection in September, we were unable to access all the records, information, policies and procedures within the practice. This was due to the lack of availability of staff on the inspection day. We requested the evidence we needed prior to the inspection but the practice did not ensure we had access to all the information we needed.

Responding to and meeting people's needs

The practice had a higher proportion of patients aged between 25 and 45 years and a lower number aged above 60. Some services were provided with consideration at the needs of patients using the service, for example.

- There were longer appointments available for patients with complex conditions such as those with a learning disability or difficulties with mental health.
- Home visits were available for patients

There was also a lack of consideration of patients needs, specifically in light of the fact the practice was merging on 9 October, for example:

- Many patients fed back to us that they had not been told that the practice was merging.
- No extended hours appointments were being provided, which was a potentially a problem for the high proportion of patients registered of working age

In January 2015, we found the disabled access to the practice had not been risk assessed and the access was limited to a narrow path by the side of the building, a steep slope to the rear of the building and a bell for attention which did not work. At the inspection in September 2015, we noted the practice had replaced the threshold at the rear door to improve access for wheelchair users. The bell had been fixed but this was at a height that did not consider its use by wheelchair users. The steep part of the access slope had been coated with anti-slip paint to make it safer. However, the narrow path at the side of the building had not been changed. This may have proved difficult for patients in mobility scooters. No Disability Discrimination Act 2005 assessment had been undertaken to determine what actions were necessary or possible to maximise the access for disabled patients.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available Monday to Friday. In addition to pre-bookable appointments, same day appointments were made available. No extended hours surgeries were offered as the practice could not provide locum cover during the contracted times.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages. This data was from January to March 2015, and most of this period pre-dates the appointment of locum GPs working at the practice.

- 96% found it easy to contact the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time phone compared to the CCG average of 66% and national average of 65%.

The locum GP told us they believed the access to appointments during normal working hours was positive for patients when compared to other practices.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

There was no information available to help patients make a complaint through the website or in the practice itself. There was a comments and suggestion link on the website but this stated that formal complaints should not be made in this method. Staff reported that a high number of complaints had been received by the practice after patients were dissatisfied with the service they received in recent months. We could not verify this high quantity of concerns as there were limited complaints available. We looked at two complaints received in 2015 and found that those complaints were investigated and responded to. We saw evidence a complaint was discussed in a meeting.

Are services well-led?

Inadequate 

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

Our findings

During the inspection in September, we were unable to access all the records, information, policies and procedures within the practice. This was due to the lack of availability of staff on the inspection day. We requested the evidence we needed prior to the inspection but the practice did not ensure we had access to all the information we needed.

Vision and strategy

At the time of inspection, Melrose Surgery- Dr FAB Williams was in the process of closing and the patients registered at the practice were being transferred to another practice located in the same building. This was the practice's primary focus at the time of inspection. There were plans being developed with the other practice and NHS England who were responsible for commissioning the service. This included a practice closure action plan from NHS England aimed at transferring patient records and information safely. There was a plan for NHS England to contact the patients registered at Melrose Surgery Dr FAB Williams and partner and inform them of the closure and their transfer to the other practice. However, this would only take place after the closure as Melrose Surgery Dr FAB Williams and partner had not ensured this communication with patients took place. Patients may have lacked information about how access their GP services and may not be aware of how to book appointments. This had the potential to impact on patients' safety and welfare. For example, we saw patients were still registering at Melrose Surgery Dr FAB Williams and partner, despite the practice closing on 9 October. Patients were not informed of what would happen regarding registration in light of the closure.

Governance arrangements

The practice had worked to improve governance arrangements since our inspection in January 2015, when we found limited governance arrangements were in place. A temporary practice manager had been employed to fulfil the management responsibilities of the practice. This enabled coordination of daily tasks and the implementation of governance functions such as regular meetings, incident reporting and sharing of information. Monitoring of patient records had improved to enable staff to identify what actions were needed in relation to patients' care. For example, better monitoring of medicine reviews.

At the inspection in September 2015, there were concerns regarding some governance processes, specifically:

- Practice policies were often generic and not specific to the practice. For example, there were different practice names contained within the specific policies.
- Staff had systems for checking that equipment, medicines and the premises were safe and fit for use, but they were not being followed. For example, there were out of date medicines in the vaccine fridge.
- There was no programme of clinical audit in place due to the temporary nature of the GPs working at the practice.
- There was limited monitoring of performance.

Leadership, openness and transparency

The delivery of high-quality care was not assured by the leadership, governance or

culture in place. The remaining partner at the practice worked in a different practice four days a week. It was difficult for them to be visible in the practice as a result.

There was a lack of openness and transparency. Staff told us it was difficult to report concerns related to patient care and that these concerns were not always responded to. Staff informed us of communication they attempted to make with the partner regarding concerns related to their own roles and patient complaints escalated to the practice manager. They were concerned that patient complaints were not being recorded, investigated or responded to, specifically those about the lack of communication regarding the changes to the service and it being placed in special measures. We saw many patients had written concerns about the lack of communication on CQC comment cards. The complaints log we reviewed did not reflect the range of concerns identified by patients via staff reports or via CQC comment cards.

There was no information on the practice website or in the premises to inform patients that the service had been placed into special measures. Neither had ratings from our inspection in January 2015 been displayed.

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

Staff informed us that patients had reported concerns about the practice in recent months regarding changes at the practice, a lack of communication from the practice and other issues related to care. Staff said they had

Are services well-led?

Inadequate 

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

escalated these concerns to the leadership team. We were not able to find written concerns or complaints from patients of this nature. We did find two complaints and saw they had been responded to appropriately. We could not verify that all written complaints had been dealt with in this way. There was no Patient Participation Group (PPG) at the practice.

The practice undertook the friends and family test. There is a requirement that the findings from the test are published by the practice, but the outcomes had not been displayed on the website or in reception.

There are low levels of staff satisfaction and high levels of stress due to the lack of communication about the changes. Some of the staff we spoke with did not feel respected, valued, supported and appreciated.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and social care act 2008 Regulated Activity Regulations 2014</p> <p>Regulation: 12 Safe care and treatment</p> <p>The provider was not fully assessing the risks to the health and safety of service users in relation to providing care or treatment, specifically in the management of medicines, assessing the measures required and medicines needed required in a medical emergency.</p> <p>The provider was not fully detecting, preventing and controlling the potential spread of infections including healthcare associated infections. Regulation 12(a)(c)(g)(h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and social care act 2008 Regulated Activity Regulations 2014</p> <p>Regulation: 17 Good governance</p> <p>The provider was not assessing, monitoring and improving the quality and safety of the service.</p> <p>There was no clinical audit taking place other than reviewing of patients records to ensure medicine and long term condition reviews were undertaken.</p>

This section is primarily information for the provider

Requirement notices

The provider was not assessing, monitoring and mitigating risks to service users including those related to the premises, access and in regards to the permanent transfer of patients to another service. Regulation 17(1)(a)(b)

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

Health and social care act 2008 Regulated Activity Regulations 2014

Regulation: 20a

The provider was not complying with the requirements that there must be shown on ever website maintained by or on behalf of any service provider the most recent rating by the Commission of the service users overall performance and that there must be displayed in each premises from the which the service providers regulated activities at least one sign showing the most recent rating by the Commission of the service users overall performance.