The Robins Surgery

Quality Report

Gooshays Drive
Harold Hill, Romford
Essex, RM3 9SU
Tel: 01708 796960
Website: www.therobinssurgery.co.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Robins Surgery on 26 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Risks to patients who used services were not always assessed, and the systems and processes to address risks were not always implemented well enough to ensure patients were kept safe. For example premises cleaning audits, recruitment checks including staff identity checks, and Disclosure and Barring Service (DBS) risk asessments for chaperones had not been carried out. (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 prescribing policy did not ensure safe management of medicines.
- Data showed patient outcomes were comparable to the locality and nationally. Although some audits had been carried out, we saw little evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients comments cards and the majority of patients we spoke to said they were treated with compassion, dignity and respect.
- Information about services was available but not everyone would be able to access it, for example translation services were not advertised in the reception area.
- Urgent appointments were usually available on the day they were requested.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some important ones were missing for example the health and safety policy.
- The practice had proactively sought feedback from patients online and had an active patient participation group.
- There was an effective system in place for reporting and recording significant events.
- Not all staff had received mandatory annual basic life support and safeguarding training.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Ensure protocols for repeat prescribing of medicines and the monitoring of repeat prescriptions are clear, safe and aligned to national prescribing guidance and GMC and NMC best practice guidelines.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure all staff receive mandatory annual Basic Life Support (BLS) training, infection control training, chaperoning, and child and adult safeguarding training as appropriate to their role.
- Ensure that all chaperones are risk assessed for a DBS check.
- Ensure a health and safety policy and related audits and risk assessments are in place, for example for shortages of staff, the building and COSHH (Control of Substances Hazardous to Health) risk assessments and associated safety guidance.

In addition the provider should:

- Follow up on staff concerns in relation to standards of premises and privacy curtains cleaning.
- Ensure all staff read and are fully aware of policies and procedures relevant to their role, for example the whistleblowing policy.
- Ensure all staff are aware of the practices forward vision and put associated information in the reception area for patients reference.
- Record patients consent for intimate investigations and minor surgery.
- Ensure all disposable medical equipment is within the expiry date.
- Arrange whole team staff meetings and consider regular one to one meetings for all staff.
- Improve patients privacy at the reception desk to minimise the risk of conversations being overheard.
- Advertise translation services and the availability of a private room in the reception area so that patients know these facilities are available.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services; however we saw some evidence of good practice.

- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, areas of concern found were in relation to cleaning, repeat prescribing of medicines, anticipating events and management of unforeseen circumstances, infection control training for a member of clinical staff, and safeguarding training for some clinical staff.
- Required recruitment checks were not always carried out including photographic identification and reference checks, and risk assessment for DBS checks for staff that were responsible for chaperoning patients.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services; however we saw some evidence of good practice.

- Data showed patient outcomes were mostly comparable to averages for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was one clinical audit that demonstrated quality improvement within the last five years.
- Staff mostly had the skills, knowledge and experience to deliver effective care and treatment but had not always received mandatory training appropriate to their role.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- There was no consistent system for recording consent for intimate examinations or minor surgical procedures.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data showed that patients rated the practice as lower for most aspects of care. For example results from the GP patient survey showed 70.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 79.3%, national average 85.1%), and 78.4% said the GP gave them enough time (CCG average 82.1%, national average 86.6%).
- We received six CQC comment cards and spoke with eleven patients on the day of inspection. All comment cards were positive about the service experienced and patients told us care provided from two of the GPs was very good.
- We saw that staff treated patients with kindness and respect and tried to maintain confidentiality, however privacy in the waiting area and at the reception desk was poor. There were perspex screens installed with holes though which patients could speak, however the reception counter was shared with a further three practices and there were no side partitions in between speaking areas, or signage to facilitate patients private space at the reception desk.
- Information for patients about the services available was not always easy to understand and accessible, for example translation services and the facility of a private room to discuss confidential or sensitive matters were not advertised in the reception area.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services; however we saw some evidence of good practice.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example by employing a new full time GP partner to provide patients with a greater choice of GPs, and increasing the availability of appointments and telephone consultations.
- Four of the 11 patients we spoke to told us that they had difficulty getting appointments when they needed them, however results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable with local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was not displayed on the website or in the reception area, however it was at the

Summary of findings

reception desk and evidence showed that the practice was open to receiving complaints and responded quickly to issues raised in the majority of cases. There was evidence that learning from complaints had been shared with staff.

- Data from the GP patient survey dated July 2015 showed 75.2% of patients with a preferred GP usually get to see or speak to that GP compared to a CCG average of 61.9% and a national average of 60.0%.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led; however we saw some evidence of good practice.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- Not all staff felt the leadership team was approachable or supported by management.
- The practice had a number of policies and procedures to govern activity, but some important ones were missing for example health and safety and buildings security.
- The practice proactively sought feedback from patients through surveys and had an active online patient participation group (PPG).
- There were regular clinical and non-clinical staff meetings but no meetings for the whole staff team.
- The practice had monthly multidisciplinary meetings but did not conduct many clinical or internal audits to continuously improve outcomes for patients.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for the period 1 April 2013 to 31 March 2014 showed that outcomes for patients for conditions commonly found in older people were mixed. For example the percentage of patients aged 65 and older who have had a seasonal flu vaccination was 66.1% compared with a national average of 73.2%. The percentage of patients with atrial fibrillation within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% compared with a national average of 98.32%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example through visits for older people living in residential care homes.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic symptoms and disease management for patients, for example diabetes and pain management. Patients at risk of hospital admission were identified as a priority and had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.
- Longer appointments and home visits were available when needed.

Summary of findings

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2013 to 31/03/2014) was comparable to other practices at 91.6%, with a national average of 88.4%.
- The percentage of patients with diabetes, on the register who have had influenza immunisation was comparable to other practices at 93.2% with a national average of 93.5%

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was above other practices at 90.1% compared to 81.1% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was comparable to other practices at 75.5% compared to 83.1% nationally.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62.2% to 74.4% and five year olds from 62.2% to 70.1%.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours for appointments and patients could book appointments and order repeat prescriptions online.
- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including children and vulnerable adults for example people with a disability.
- It offered longer appointments for people with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- 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)

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Staff had a good understanding of how to support people with mental health needs and dementia.
- 90.9% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared with a national average of 73.2% for the period 1 April 2013 to 31 March 2014.
- Performance for mental health related indicators was above the national average. For example the percentage of patients with

schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding twelve months 100% compared to the National average of 88.61%.

- 90.9% of people experiencing poor mental health had received an annual physical health check.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing broadly in line with local and national averages. Four hundred and twenty three survey forms were distributed and one hundred and four were returned.

- 70.9% found it easy to get through to this surgery by phone compared to a CCG average of 69.4% and a national average of 73.3%.
- 91.5% found the receptionists at this surgery helpful (CCG average 86.7%, national average 86.8%).
- 81.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85.2%).
- 94.8% said the last appointment they got was convenient (CCG average 90.6%, national average 91.8%).
- 68% described their experience of making an appointment as good (CCG average 69%, national average 73.3%).
- 64.2% usually waited 15 minutes or less after their appointment time to be seen (CCG average 59.4%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Due to a misunderstanding the practice did not distribute cards until the day of inspection; we therefore only received six comment cards. All were positive about the standard of care received. Overall, patients said they felt the practice offered a good service and staff were helpful and professional and treated them with dignity and respect.

We spoke with 11 patients during the inspection. Overall patients said that they were happy and satisfied with the care they received and thought that staff were caring and helpful, but several said it was difficult to make appointments.

Areas for improvement

Action the service MUST take to improve

- Ensure protocols for repeat prescribing of medicines and the monitoring of repeat prescriptions are clear, safe and aligned to national prescribing guidance and GMC and NMC best practice guidelines.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure all staff receive mandatory annual Basic Life Support (BLS) training, infection control training, chaperoning, and child and adult safeguarding training as appropriate to their role.
- Ensure that all chaperones are risk assessed for a DBS check.
- Ensure a health and safety policy and related audits and risk assessments are in place, for example for shortages of staff, the building and COSHH (Control of Substances Hazardous to Health) risk assessments and associated safety guidance.

Action the service SHOULD take to improve

- Follow up on staff concerns in relation to standards of premises and privacy curtains cleaning.
- Ensure all staff read and are fully aware of policies and procedures relevant to their role, for example the whistleblowing policy.
- Ensure all staff are aware of the practices forward vision and put associated information in the reception area for patients reference.
- Record patients consent for intimate investigations and minor surgery.
- Ensure all disposable medical equipment is within the expiry date.
- Arrange whole team staff meetings and consider regular one to one meetings for all staff.
- Improve patients privacy at the reception desk to minimise the risk of conversations being overheard.
- Advertise translation services and the availability of a private room in the reception area so that patients know these facilities are available.

The Robins Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor, and an Expert by Experience.

Background to The Robins Surgery

The Robins Surgery is situated within the NHS Havering Clinical Commissioning Group.

The practice holds a General Medical Services contract (General Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a full range of

enhanced services including extended hours, minor surgery, family planning, ante-natal and post-natal care, immunisations, and child immunisations.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice includes two male GP partners (one full time providing 8 sessions per week with two extra sessions every four weeks, and one part time providing four sessions per week with an extra session every four weeks), one part time female GP partner (providing four sessions per week with an extra session every four weeks), two part time female practice nurses (one working thirty two hours and the other sixteen hours per week), a part time health care assistant working twenty four hours per week, a part time practice manager, and a team of administrative staff (all working a mix of part time hours).

The practice was situated within a medical centre and had a patient list of around 4300 at the time of our inspection. It was open 8am to 6.30pm every weekday except Wednesdays when it closed at 1pm, and had extended opening every weekday until 7pm, except Wednesdays when appointments were available all morning. Extended hours appointments were also available from 7.30am until 8am on Tuesdays and Thursdays. Appointments included home visits and telephone and appointments. Pre-bookable appointments were available including online in advance and urgent appointments were available for people that needed them. The practice did not use locum GPs because the partners covered any absences themselves. Patients telephoning for an out of hours appointment were transferred automatically to a deputising service when the practice was closed.

The practice had a higher percentage than the national average of people aged under 18 years (22.1% compared to 14.8%) and a lower percentage than the national average of people with a long standing health condition (37.6% compared to 54%).The average male and female life expectancy for the Clinical Commissioning Group area was comparable to the national average for males (79 years at the practice and 79 years nationally) and females (84 years compared to 83 years nationally).

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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.

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed the practices 2014 to 2015 patients survey and online patients participation group (PPG) information.

We carried out an announced visit on 26 November 2015. During our visit we:

- Spoke with a range of staff including GPs, the practice nurses, a healthcare assistant and administrative staff, we also spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the management team of any incidents and these were recorded and available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal or written apology and are told about any actions to improve processes to prevent the same thing happening again. For example we saw evidence of the practice discussing medicines with a patient, making an apology and altering their medicine on the practice system.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, however we also identified several concerns:

- Arrangements were mostly in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities in relation to safeguarding, and there were lead GPs for safeguarding both children and adults. All GPs were trained to safeguarding level 3; however there was no documentary evidence that a practice nurse and health care assistant had safeguarding training at a level appropriate to their role. All non-clinical staff had appropriate safeguarding training. Clinicians were not always able to attend external safeguarding meetings; however cases were discussed at meetings within the practice, for example to discuss Deprivation of Liberty Safeguards (DoLS). GPs always provided reports where necessary for other agencies.
- A notice in the waiting room advised patients that chaperones were available, if required. However, there was no written evidence that two non-clinical staff who acted as chaperones were trained for the role or had received a disclosure and barring service check (DBS check) risk assessment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained standards of cleanliness and hygiene. We observed the practice premises to be clean and tidy and saw that all equipment and cleaning schedules were maintained, however staff had previously raised concerns to the premises landlord in relation to the standard of cleaning and improvements had not be made. We also saw a chair with a torn seat in need of repair in the patient waiting area. The practice nurse was the infection control clinical lead who had allocated time to keep up to date with best practice. There was an infection control protocol in place and staff were mostly appropriately trained, however there was no documentary evidence that one member of clinical staff had received appropriate infection control training. Privacy curtains for patients were in place and visibly clean, however they were not changed every six months as per recommendation and were changed annually.
- Annual infection control audits were undertaken and we saw evidence that actions were identified to address improvements. Disposable medical equipment was used at the surgery and found to be in date, with the exception of one box of tweezers which had expired March 2015 and were removed by staff on the day of inspection.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice mostly kept patients safe (including obtaining, recording, handling, storing and security). However, the repeat prescribing policy did not clearly define staff roles and responsibilities, or direct staff on how to manage high risk medicines such as warfarin and

methotrexate. The CCG pharmacist had carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing and prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed three personnel files and found that appropriate recruitment checks for both clinical and non-clinical staff had not always been undertaken prior to employment. For example, proof of photographic identification and reference checks for clinical and non-clinical staff, and DBS checks risk assessments for non-clinical chaperones. Clinical staff were registered with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken.

Monitoring risks to patients

Risks to patients were not always assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. For example, the practice had an up to date fire risk assessment and carried out weekly fire alarm testing. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. All clinical equipment was single use and in date except for one box of tweezers which had expired in March 2015 and were removed by staff on the day of inspection.
- The practice had a variety of arrangements in place to monitor and assure safety of the premises such as waste disposal guidelines, hand washing signs throughout the practice and water testing to prevent legionella. However, there was no health and safety policy, COSHH (Control of Substances Hazardous to Health) risk assessment and associated safety guidance, or risk assessment for shortages of critical staff or the safety of the building.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty, for example to ensure at least two reception staff were on duty for patients after working hours between 4pm and 8pm.
- All GPs and the practice manager received national patient safety alerts which were read and acted on. The practice did not keep a record of these alerts on their computer system for clinical staffs future access.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

· There was an internal telephone system allowing staff in reception to alert staff in consultation and treatment rooms in the event of an emergency.

- There were emergency medicines available in the treatment room. However, eight staff had not staff received annual basic life support training.

· The practice had a shared defibrillator available on the premises and sole use oxygen with 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 fit for use.

· The practice had a business continuity plan in place for major incidents which included emergency contact numbers for suppliers and staff, and a buddy arrangement with a local practice.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- New information from NICE was discussed during clinicians meetings, for example the new cancer diagnosis guidelines were discussed in June 2015.
- The practice clinicians also attended clinical meetings two to three times per year to discuss clinical guidelines with other practices.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.1% of the total number of points available, with 13% exception reporting which is high. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the Health and Social Care Information Centre (2014 – 2015) showed:

- Performance for diabetes related indicators was below CCG and national averages at 77.9%, (CCG average 84.7%, and national average of 89.2%)
- The percentage of patients with hypertension having regular blood pressure tests was below CCG and national averages at 70.1% (CCG average 83.7%, national average 83.6%)
- Performance for mental health related indicators was above CCG and the national averages at 100% (CCG average 92.2%, national average 92.8); however exception reporting rates were high. For example the exception reporting rate was 13.8% for patients who have a comprehensive care plan documented in the record agreed between individuals, their family and/or carers.

Some clinical audit demonstrated quality improvement.

- There had been two clinical audits undertaken in the last five years, both of these were completed audits where the improvements made were implemented and monitored. One audit measured how many choose and book referrals were done within 3 days, two cycles were completed with the final cycle achieving the set target of 90%. The other audit began in 2010 and identified the prescribing of antipsychotic medicines to patients with dementia, the outcome was that all patients were reviewed and these drugs were ceased. The practice participated in applicable local audits for example on the prescribing of antibiotics.

Information about patients' outcomes was used to make improvements for example to reduce prescribing of antipsychotic medicines for patients with dementia, to improve timely patient access to choose and book services and ensure appropriate prescribing of antibiotics as described above.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered topics such as health and safety, door entry, telephone, security and confidentiality.
- The practice demonstrated role-specific training and updating for relevant clinical staff. For example the GP was accredited to perform minor surgery, nurses were trained in ear care and diabetes management and the health care assistant was trained in spirometry.
- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All clinical and non-clinical staff had had an appraisal within the last 12 months, however not all non-clinical staff had regular one to one meetings.
- Practice meetings took place for clinical and non-clinical staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff received training that included safeguarding and basic life support training; however eight staffs basic life support training was out of date and there was no evidence that two clinical staff had safeguarding training at a level appropriate to their role. There was no evidence of health and safety, fire safety, information governance, customer care, or chaperoning training for non-clinical staff. The practice manager was an accredited trainer and we were advised in- house chaperoning training had taken place, however there were no records available at the practice to demonstrate this.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Patients clinical results were received and dealt with daily and urgent results for an absent GP were dealt with by the on call GP.

Staff worked together with 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. For example when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for example palliative care meetings, and that care plans were reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was not always recorded to ensure the practice met its responsibilities within legislation, and followed relevant national guidance. For example, implied consent for intimate investigations and minor surgery was obtained but this was not recorded on patient notes.

Health promotion and prevention

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

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

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme from 01/04/13 to 31/03/14 was 90.1%, which was above the national average of 81.9%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62.2% to 74.4% and five year olds from 62.2% to 70.1%.

Flu vaccination rates for the over 65s were 66.1%, and for at risk groups 40.1%, both of these were comparable to national averages of 73.2% and 52.3% respectively between 1 September 2013 and 31 Jan 2014.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Staff tried to maintain patients privacy at the reception desk and perspex screens with openings though which patients could speak were installed, however partition arrangements and signage to assure patients space at the reception desk could be improved so that conversations were not overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs, however there was no notice displayed to tell patients that this facility was available.

All of the six patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with eleven patients on the day of inspection. Most told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, they told us that care from two of the GPs in particular was very good.

We observed that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly lower than CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 80.8% said the GP was good at listening to them which (just below the CCG average of 83.2% and national average of 88.6%).
- 78.4% said the GP gave them enough time (just below the CCG average 82.1% and national average of 86.6%).
- 94.1% said they had confidence and trust in the last GP they saw (in line with the CCG average 92.6% and national average of 95.2%)
- 70.7% said the last GP they spoke to was good at treating them with care and concern (below the CCG average 79.3% and national average of 85.1%).
- 86.8% said the last nurse they spoke to was good at treating them with care and concern (in line with CCG average 89.5% and national average of 90.4%).
- 91.5% said they found the receptionists at the practice helpful (above the CCG average 86.7% and the national average of 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that medical staff provide clear information to help them understand care and treatment, and that they felt listened to and involved in decision making about care and treatment they received. Patient feedback on the six comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey were lower than CCG and national averages and showed:

- 73.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.1% and national average of 86.0%.
- 71.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 75.2%, national average 81.4%)

The practice undertook a patients survey in 2014 and received 136 completed surveys which showed 81% of patients had a positive outcome, indicating they had been afforded enough time, had understood the GPs course of treatment, and had no concerns. Seventeen percent were happy with some aspects but required a follow up appointment and 1% were unhappy with how the consultation had gone and needed to rebook to see the GP again.

Staff told us that translation services were available for patients who did not have English as a first language however this information was not advertised in the reception area to inform patients this service was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The noticeboard in the patients reception area was small and included information on diabetes, bowel cancer and availability of urgent appointments; it did not include information about bereavement services. Leaflets in the wider health centre waiting room told patients how to access a number of support groups and organisations.

The practice kept a register to alert GPs if a patient was also a carer. The practice had identified 19 patients as carers, which is just under 0.5% of patients on the register. The practice website had a range of support and information services for carers including accessing breaks and respite, housing and carers, tenancy rights as a carer help on claiming benefits, and understanding the legal issues of caring.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice clinicians reviewed the needs of its local population and told us they met with the local CCG two to three times per year to secure improvements to services where these were identified.

- The practice offered clinics for working patients who could not attend during normal opening hours every weekday from 6.30pm until 7pm, except Wednesdays and on Tuesdays and Thursdays from 7.30am to 8am.
- There were longer appointments available for people with a learning disability, long term conditions, or multiple clinical issues.
- Home visits were available for older patients or other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions or in urgent need.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had two lifts installed to improve access to upper floors.
- The practice is situated in a health centre and staff were able to communicate quickly with other health professionals in responding to patients. For example a health visitor was able to discuss and progress care arrangements for a patient directly with the practice manager.
- There were shared facilities within the building which included a breastfeeding and nappy changing room.

Access to the service

The practice was open between 8am and 7pm on Mondays, 7.30am and 7pm on Tuesdays and Thursdays, 7.30am until 1pm on Wednesdays, and 8.30am until 7pm on Fridays. Appointments were available all day including home visits and telephone and appointments. In addition, pre-bookable appointments were available including online in advance appointments. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable with local and national averages, however four of the eleven patients we spoke to told us that they had difficulty getting appointments when they needed them.

- 74.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 69.5% and national average of 74.9%.
- 70.9% of patients said they could get through easily to the surgery by phone (CCG average 69.4% national average 73.3%).
- 68% of patients described their experience of making an appointment as good (CCG average 69% national average73.3%).
- 64.2% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 59.4%, national average 64.8%).

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 mostly in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was no complaints information displayed in the waiting room, however there were complaints and compliments forms available for patients use on the reception desk.

We looked at four complaints received in the last 12 months and found two had been satisfactorily handled in a timely way with openness and transparency. Of the remaining two complaints one had been handled satisfactorily however the outcome was recorded in the patients medical notes instead of in the complaints file.

The remaining complaint had been handled unsatisfactorily because it had been lost in the practice's electronic systems. The complaint was escalated and the practice made efforts to contact the complainant on the telephone on receipt but were not able to provide evidence of follow up, and the final outcome was unclear.

This complaint was not representative of complaints handling at the practice, lessons were learnt from most complaints and action was taken as a result to maintain the quality of care. For example a patient made a

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaint about a GPs decision in relation to their care, the GP checked their clinical decision with a second GP who agreed with the initial decision. The practice then contacted the patient to speak with them directly, as well as inviting them in for a follow up appointment for reassessment and in line with the patients concerns.

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

Leadership within the practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.

- The practice did not have a mission statement or information about its vision displayed in the waiting areas and non-clinical staff did not know about the practices vision.
- The practice had some strategy and had made progress with their plans by employing a suitably skilled practice nurse.

Governance arrangements

The practices arrangements for governance and performance management did not always operate effectively to support the delivery of high quality care.

- Staff were aware of their own roles and responsibilities, however there was no clear documented staffing structure.
- There was limited clinical and internal audit which is used to monitor quality and make improvements.
- There were no whole staff meetings; however there were regular clinical and administrator meetings which ensured an understanding of aspects of performance within each area.
- Risks were not always identified, recorded and managed, for example health and safety and staff concerns about cleaning.

Leadership, openness and transparency

The partners in the practice appeared to have the experience, capacity and capability to run the practice. They prioritised good quality care and were visible in the practice, however there were also areas for improvement for example in training for staff including fire safety and basic life support training, medicines management, systems for recording patients consent, and effective management of staffing issues and concerns. Most staff told us that GPs were approachable and take the time to listen, however not all staff had positive interpersonal experiences with all of the management team.

The provider was aware of and complied with the requirements of the Duty of Candour for patients, for example when dealing with complaints.

The practice had systems in place for knowing about notifiable safety incidents, and when there were unexpected or unintended incidents:

- The practice gave affected people truthful information, reasonable support, and a verbal or written apology.
- They kept written records of verbal interactions as well as written correspondence; however this was sometimes recorded on patients medical notes rather than on the complaints file.

There was a leadership structure in place, however staff did not always feel actively engaged or empowered and there was some evidence of divides between groups of staff.

- Staff told us that the practice held regular clinical and administrative staff team meetings and some clinical meetings with a representative from the administration team, however there were no whole staff meetings and not all staff felt involved in discussions about how to run and develop the practice.
- There was a whistleblowing policy in place but there was no evidence to confirm that all staff had read and signed it.
- Most staff said they felt respected, valued and supported, particularly by the partners in the practice and that they had the opportunity to raise any issues, were confident in doing so and felt supported if they did.
- There was evidence that not all non-clinical staff felt they could discuss issues with management. This was discussed with a GP who told us they were aware of some issues between certain members of staff, but had not continued to monitor staff relationships.
- Staff satisfaction was mostly good, however improving the culture or staff satisfaction did not appear to be seen as a high priority.

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

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

Are services well-led?

Requires improvement

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

· It had gathered feedback from patients through the online patient participation group (PPG) and through surveys and complaints received. There was an active PPG which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, by employing a new GP partner to increase the number of appointments available and offer patients a greater choice of GPs.

· The practice had also gathered feedback from staff through appraisals and discussion, and clinical and non-clinical staff meetings.

· Most staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example a member of staff had devised a new form to improve patients information communications with health visitors. However, there was evidence that some staff cannot always communicate directly with all of the leadership team and are not always taken seriously or treated with respect when they do.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered provider had failed to ensure the proper and safe management of medicines under their current prescribing policy. The provider had not ensured they were providing safe care and treatment because risks to the safety of patients and others were not assessed. A health and safety policy and related audits and risk assessments were not in place including for staff, the building and COSHH (Control of Substances Hazardous to Health) risk assessments and associated safety guidance. This was in breach of regulations 12 1, 2(g) and 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered provider not ensured all staff receive health and safety training, including fire safety and infection control training, and also chaperone training and annual basic life support training as appropriate to their role. This was in breach of regulation 18 1, 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

We found that the registered provider had failed to ensure required recruitment checks including proof of photographic identification and reference checks for clinical and non-clinical staff, and DBS checks risk asessments for non-clinical chaperones.

This was in breach of regulation 19 3(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.