

Red Lion Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Red Lion Road Surgery on 11 May 2016. 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; however, the process for recording significant events was not sufficiently robust to capture information about all safety incidents and ensure that learning occurred.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, we noted some cases where medicines had been prescribed either without the recommended monitoring having taken place or without the practice having access to relevant test results. We also noted that there was no process in place to follow-up patients who had not collected their prescription; nor were there sufficient processes in place to ensure that

results were received for all histology samples that were sent for analysis. The practice's arrangements for responding to medical emergencies and their storage of medicines were not sufficiently robust.

- Permanent staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. There was no locum pack available.
- Patients we spoke to during the inspection, and most of the CQC patient comment cards, reported that patients felt they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however, this was not reflected in the outcome of the NHS patient survey, where the practice scored below average for these areas.
- The practice kept a list of carers, but the number identified represented less than 1% of the practice list.
- There was a lack of information about how to complain and the recording of complaints was not sufficiently robust.
- Most patients said they found it easy to make an appointment with a named GP and there was

Summary of findings

continuity of care, with urgent appointments available the same day. However, not all staff were clear about the criteria for offering patients emergency appointments.

- The practice had good facilities and was well equipped to treat patients and meet their needs; however, there was limited access to toilet facilities at one of the practice sites.
- There was a clear leadership structure and staff told us that the management team were approachable; however, we noted that the practice did not hold regular staff meetings.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- They must take action to make information about making a complaint more accessible to patients and ensure that they have robust processes in place to record information about complaints received.
- They must review their significant events procedure to ensure that the threshold for recording an incident as a significant event is sufficient to allow them to capture details of all safety incidents.

- They must ensure that they are adhering to current guidance with regards to the prescribing of medicines.
- They must ensure that they have sufficient medicines available in order to respond to a range of medical emergencies.
- They must put processes in place to ensure that results are received for all clinical samples sent for analysis.

In addition the provider should:

- Take action to identify carers so they can be given the support they need.
- Ensure clear guidance is provided to staff regarding the allocation of emergency appointments.
- Ensure that information is available for locum staff to ensure that they are able to provide safe and effective care to patients.
- Review the access to toilet facilities for patients.
- Ensure that all staff are aware of how to use the electronic record system effectively.
- Ensure that they are taking action to analyse and address poor patient feedback.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the recording of significant events was not sufficiently robust to capture enough incidents to ensure that safety was maintained.
- Where incidents were recorded, lessons were shared to make sure action was taken to improve safety in the practice.
- In some areas the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, this was not the case in relation to the process for prescribing medicines.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- In most cases staff assessed needs and delivered care in line with current evidence based guidance; however, we noted some cases where medicines had been prescribed either without the recommended monitoring having taken place or without the practice having access to relevant test results.
- Clinical audits demonstrated quality improvement.
- Overall, staff had the skills, knowledge and experience to deliver effective care and treatment; however, we observed that not all staff were competent at using the computer system.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%; 77% of patients

Requires improvement



Summary of findings

said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%; 76% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%; and 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.

- The majority of patients said they were treated with compassion, dignity and respect; however, not all felt cared for, supported and listened to.
- Information for patients about the services available was easy to understand and accessible; however, this was not the case in relation to information about making a complaint.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they provided the GP service to several local care homes.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was not easily available and the practice had not recorded having received any complaints in the past 12 months.

Requires improvement



Are services well-led?

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

- Staff at the practice had a vision to deliver high quality care and promote good outcomes for patients; however, there was no formal strategy to deliver this, and the vision was not always reflected in the service provided to patients.
- There was a documented leadership structure and staff told us they felt supported by management.
- The practice had a number of policies and procedures to govern activity and staff were aware of these.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents; however, these were not sufficiently robust.
- The practice sought feedback from staff and patients; however, this was not always acted on, particularly in the case of the NHS patient survey. The patient participation group (PPG) was active; however, PPG meetings were not structured in such a way as to encourage a two-way dialogue between PPG members and practice staff.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safety, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All older people had a named GP and had been informed of this.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered annual health checks for patients aged 75 and over and were pro-active in encouraging patients to receive vaccinations.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above average. Overall the practice achieved 100% of the total QOF points available for diabetes related indicators, compared with an average of 92% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 85%, which was above the CCG average of 80% and national average of 78%; the proportion of diabetic patients with well controlled blood sugar was 82% compared to a CCG average of 80% and national average of 78%. The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 96% (CCG and national average 88%), and the percentage of these patients who had received influenza immunisation was 97% (CCG average was 97% and national average was 94%).
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

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

Families, children and young people

The provider was rated as requires improvement for safety, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 85% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had 21 patients diagnosed with dementia and all of these patients had received a face to face care review in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 87 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and forty nine survey forms were distributed and 110 were returned. This represented approximately 3% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 68% and national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards which were mostly positive about the standard of care received. Most patients said that they received a high standard of care and that they were happy to attend the practice.

We spoke with 13 patients across both sites during the inspection. All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Red Lion Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Red Lion Road Surgery

Red Lion Road Surgery and its branch, Alexandra Drive Surgery, provide primary medical services in Tolworth and Surbiton to approximately 3000 patients and is one of 27 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is comparable to the CCG average of 12%, and for older people the practice value is 13%, which is the same as the CCG average. The practice has a larger proportion of patients aged 25 to 45 years than the CCG average, and a smaller proportion of patients aged 45 to 84 years. Of patients registered with the practice, the largest group by ethnicity are white (73%), followed by asian (19%), mixed (3%), black (3%) and other non-white ethnic groups (2%).

The Red Lion Road Surgery operates from a 2-storey converted residential premises. Car parking is available in the surrounding streets. The reception desk, main waiting area, patient toilet and consultation rooms are situated on the ground floor. The first floor has a “patient privacy room”, computer server room, administrative room and staff kitchen. The practice has access to two doctors’ consultation rooms and one nurse consultation room.

The branch surgery, Alexandra Drive, is located approximately a mile away from the main surgery. It is housed in a purpose-built single storey premises which includes a reception area, patient waiting area, one doctor’s consultation room and one nurse’s consultation room.

The practice team is made up of one full time female GP and full time male GP, one part time male long-term locum GP and one part time female long-term locum GP; in total 13 GP sessions are available per week. In addition, the practice also has a part time female nurse. The practice team also consists of a practice manager and five reception/administrative staff.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The Red Lion Road Surgery is open between 8:30am and 12:30pm and between 3:00pm and 6.30pm Monday to Friday and consultations are held between 8:30am and 11:30am on Monday and Thursday mornings, between 9:00am and 11:30am on Tuesday mornings and between 8:30am and 10:30am on Friday mornings; and then from 4:30pm to 6:30pm every weekday afternoon apart from Thursday when the practice is closed.

The Alexandra Drive Surgery is open between 8:30am and 11:00am and between 4:30pm and 6.30pm on Mondays, Wednesdays and Fridays, on Tuesdays the surgery closes at 6:00pm and on Thursday afternoons the surgery is closed. Consultations are held between 9:00am and 10:30am on Mondays and between 9:00am and 11:00am on every other week day; and then from 4:30pm to 6:30pm every weekday afternoon apart from Tuesdays when the afternoon surgery is from 4:00pm to 5:00pm and Thursdays when the practice is closed.

Detailed findings

Extended hours appointments are provided at the Red Lion Road Surgery from 6:30pm to 7:30pm on Tuesdays and from 6:30pm to 7:00pm on Fridays.

When the practice is closed during the middle of the day, a recorded message provides patients with a telephone number to call in an emergency, which is answered by one of the GPs. When the practice is closed, patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 May 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events; however, this was not sufficiently robust. For example, one patient that we spoke to described an incident where their child was prescribed an adult dose of a medicine; this had been reported to the practice; however, we saw no evidence that this had been recorded as a significant event or that any learning had taken place to reduce the possibility of a similar issue occurring in the future.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded very few significant events and complaints, and therefore there was limited evidence available to assess their handling of incidents where things went wrong with care and treatment; however, there was no evidence to suggest that patients would not receive reasonable support, an apology, and truthful information including about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that where incidents were recorded as significant events, lessons were shared and action was taken to improve safety in the practice. For example, a significant event was recorded for an incident where the practice answerphone had become full over a weekend, which resulted in patients being unable to hear the recorded message which provided information about the out of hours service. We saw evidence that details of this incident were shared with staff and discussed in a meeting.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, these were not always sufficiently robust.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details for the local safeguarding team were displayed on the staff notice board in the reception area. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the nurse was trained to level 2 and all other staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the main and the branch surgery premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all staff had received up to date training. Annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency medicines, in the practice were not always sufficiently robust to keep patients safe (including obtaining, recording, prescribing, handling, storing, security and disposal). The arrangements for ensuring the safe prescribing of medicines were insufficient; for example, we saw evidence that patients who were prescribed Methotrexate were not being monitored in order to ensure that it was safe for them to continue to

Are services safe?

take this medicine. We also saw evidence that the practice was prescribing Warfarin without first reviewing patients' blood test results; we were told by the practice that this was due to difficulties in accessing test results from the local anti-coagulation service, and that this was an area-wide problem; however, the practice did not have sufficient systems in place to identify patients who consistently failed to attend for blood tests. There was no process in place for following-up with patients who had not collected their prescription, and saw evidence of prescriptions which had been issued several months before still waiting for collection.

- The practice carried-out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The practice carried-out minor surgical procedures including mole removal. We saw evidence that in some cases moles that had been removed were not sent for histology. We also saw one example of the practice failing to chase-up histology results that were not received.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place

to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We were informed that reception staff, who were all part time, were able to work additional hours to cover colleagues' absence, and we observed this happening on the day of the inspection.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, however, not all staff we spoke to were aware of the action they should take when the emergency button was pressed.
- All staff had received annual basic life support training with the exception of staff who were new to the practice. There were some emergency medicines available in the treatment room on both sites; however, medicines to treat suspected bacterial meningitis, severe asthma and to relieve pain were not available.
- Emergency medicines were easily accessible to staff and all staff knew of their location, these were kept in a secure area of the practice at the Red Lion Road site, but at the Alexandra Road practice these medicines were stored in a room which was not always kept locked when unoccupied, which could have been accessed by patients. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

In most cases 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; however, we noted some cases where medicines had been prescribed either without the recommended monitoring having taken place or without the practice having access to relevant test results.

The practice had systems in place to keep all clinical staff up to date; however, not all clinical staff were aware of the current system. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was above average. Overall the practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 85%, which was above the CCG average of 80% and national average of 78%; the proportion of diabetic patients with well controlled blood sugar was 81% compared to a CCG average of 80% and national average of 78%. The proportion of these patients with a record of a foot examination and risk classification in the preceding 12

months was 96% (CCG and national average 88%), and the percentage of these patients who had received influenza immunisation was 97% (CCG average was 97% and national average was 94%).

- Performance for mental health related indicators was better than the CCG and national averages. The practice had 22 patients diagnosed with dementia and all patients had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 89 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had completed an audit of patients with asthma, where the initial audit had found that in 82% of asthma review consultations inhaler technique was observed, but that the review resulted in patients modifying their technique in only 13% of reviews. The practice had discussed the results of the audit with staff who carried-out asthma reviews and made clear how reviews should be conducted and recorded. A re-audit 12 months later recorded that inhaler technique was observed in 82% of review consultations, but that this had led to patient modifying their technique in 43% of cases.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice did not have a comprehensive locum pack and they explained that on the rare occasion when a locum was employed, the practice manager would provide them with the information they would need.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw evidence that clinical staff frequently attended training sessions and seminars in order to keep their knowledge up to date.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We were unable to speak to the nurse on the day of the inspection due to her being on annual leave, but we saw from her staff file that she had received regular training in areas relevant to her role such as the immunisation programme, cervical screening, and infection prevention and control.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

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. However, not all staff were sufficiently competent at using the computer system in order to access the information required to deliver effective patient care, for example, by running searches of patients.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw examples of consent forms for minor surgery, which included sufficient detail.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers and those at risk of developing a long-term. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. The practice did not offer telephone reminders for patients who did not attend for their cervical screening test and there was no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however, the proportion of eligible patients who had attended breast screen was below average at 39% compared to a CCG average of 59% and national average of 72%, and of those screened 59% attended within 6 months of invitation compared to a CCG average of 67% and national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

Are services effective?

(for example, treatment is effective)

under two year olds ranged from 88% to 100% and five year olds from 77% to 96% compared to a CCG average range of between 89% and 96% for two year olds and between 84% and 96% for five year olds.

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We noted that the patient toilet could only be accessed once it had been unlocked by the receptionist. The practice had not considered that this may cause embarrassment to patients.

Most of the 59 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments we received were particularly positive about the service provided by the reception staff. However, we received some negative comments regarding the consultation style of some doctors, with some patients noting that doctors focussed on the computer screen during consultations rather than making eye-contact with them.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients scored the practice below local and national averages with regards to areas around being treated with compassion, dignity and respect. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 76% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

We asked the practice about these results and we were told that they did not feel that they were representative of the views of their patients because the direct feedback they had received from their patients had been more positive. We found no evidence that the practice had analysed the national GP patient survey results or put a plan in place to address the areas of concern.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed a lower than average proportion of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%. Fourteen percent of patients said that the last GP they saw was poor at explaining tests and treatments compared to a CCG average of 5% and national average of 3%.

Are services caring?

- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%. Fourteen percent of patients said the last GP they saw was poor at involving them in decisions about their care, compared to a CCG average of 6% and national average of 5%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 85%. Seven percent of patients said the last nurse they saw was poor at involving them in decisions about their care compared to the CCG and national average of 3%.

We asked the practice about these results and we were told that they did not feel that they were representative of the views of their patients because the direct feedback they had received from their patients had been more positive. We found no evidence that the practice had analysed the NHS patient survey results or put a plan in place to address the areas of concern.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language; however, there were no posters advertising this service to patients.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers, which represented less than 1% of the practice list. The practice explained that they asked patients whether they are a carer when they first registered at the practice and that they also gathered information about carers opportunistically whilst consulting with patients. Written information was available to direct carers to the various avenues of support available to them and information was also available on the practice's website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they provided the GP service to several local care homes.

- The practice offered a 'Commuter's Clinic' from the Red Lion Road Surgery on a Tuesday evening until 7:30pm and a Friday evening until 7:00pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available; however, there was no emergency alarm cord in the patient toilet.
- We noted that the patient toilet was kept locked and could only be accessed once the receptionist released the lock by pressing a button behind the reception desk; patients therefore had to ask the receptionist for access before being able to use the toilet.

Access to the service

The Red Lion Road Surgery was open between 8:30am and 12:30pm and between 3:00pm and 6:30pm on every week day apart from Thursday when the practice was closed in the afternoon. The Alexandra Drive Surgery was open between 8:30am and 11:00am and between 4:30pm and 6:30pm on Mondays, Wednesdays and Fridays, on Tuesdays the surgery closed at 6:00pm and on Thursday afternoons the surgery was closed. During the times that they surgeries were closed during the day, a recorded telephone message advised patients of a mobile phone number that they could call if they needed to contact a doctor urgently; this mobile phone would be answered by one of the GPs.

Appointments at the Red Lion Road Surgery were between 8:30am and 11:30am on Monday and Thursday mornings, between 9:00am and 11:30am on Tuesday mornings and between 8:30am and 10:30am on Friday mornings; and then from 4:30pm to 6:30pm every weekday afternoon

apart from Thursday when the practice was closed. Appointments at the Alexandra Road Surgery were between 9:00am and 10:30am on Mondays and between 9:00am and 11:00am on every other week day; and then from 4:30pm to 6:30pm every weekday afternoon apart from Tuesdays when the afternoon surgery was from 4:00pm to 5:00pm and Thursdays when the practice was closed.

Extended hours appointments were offered at the Red Lion Road Surgery from 6:30pm to 7:30pm on Tuesdays and from 6:30pm to 7:00pm on Fridays. Appointments could be booked both on the day and up to four weeks in advance. On the day of the inspection the next available pre-bookable appointment was two days away. We were told by staff that if a patient called for an urgent appointment after all of the same day appointments had been allocated, the patient could be added to the end of the GP's surgery or would be directed to the local walk-in centre; however, there there was not a consistent understanding amongst staff about the criteria for offering a patient an emergency appointment. We were told by some reception staff that they would decide whether an emergency appointment was required based on their own assessment of how ill the patient was.

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

- 76% of patients were satisfied with the practice's opening hours compared to CCG average of 74% and the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and national average of 73%.

Overall, people told us on the day of the inspection that they were able to get appointments when they needed them; however, some patients noted that it could be difficult to get an appointment and that they would like to see the practice open for more time during the day.

Listening and learning from concerns and complaints

The practice had an adequate system in place for handling complaints and concerns once they were received.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- Very little information was available to help patients understand the complaints system. The information on the practice's website about making a complaint directed patients to speak to the practice manager or to collect information from reception. When we asked to see the information provided to patients, staff at the Alexandra Road Surgery did not have anything to hand and were unable to locate the information on the computer system.

The practice reported that they had not received any complaints in the last 12 months; however, we noted that one of the patients we spoke to told us that in the past 12 months they had complained verbally to the practice about her child being prescribed an adult dose of a medicine. We looked in detail at the last complaint the practice had received, which related to a patient who believed that they had been given an injection of an incorrect medicine and found that this had been satisfactorily handled and dealt with in a timely way.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice told us they have a vision to deliver high quality care and promote good outcomes for patients; however, this was not always reflected in the way that services were delivered. The practice did not have a mission statement displayed; however, staff were aware of the vision and values of the practice.

Governance arrangements

In some areas the practice had an overarching governance framework which supported the vision to deliver good quality care; however, there were some areas where this was insufficient.

- There was a clear staffing structure internally and staff were aware of their own roles and responsibilities; however, there was potential for patients to be unclear about which members of staff were clinical and which were not.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the clinical performance of the practice was maintained; however, the practice could not demonstrate that they had taken action to understand and address concerns raised by patients about the care provided by clinical staff.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, in the case of significant events and complaints, these were not sufficiently robust and we found evidence of significant events and complaints that the practice had not recorded.

Leadership and culture

The Partners at the practice told us they prioritised safe, high quality and compassionate care; however, we found evidence that this was not always delivered. Staff told us the partners were approachable and encouraged staff to make them aware of any errors.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records written correspondence but there was no evidence that they recorded verbal interactions with patients relating to incidents or complaints.

There was a clear leadership structure in place.

- Staff told us the practice held regular team meetings and aimed to hold these every four to six weeks; however, we noted that there had not been a team meeting for six months and there had been five months between the last meeting and the one before.
- Staff said they felt supported by colleagues and that they received sufficient direction from the practice manager and partners in order to perform their role.

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

The practice told us that they encouraged and valued feedback from patients, the public and staff; however, this was not reflected in their approach to the results of the NHS Patient Survey.

- The practice had a patient participation group (PPG) who met approximately every six months. We were told that the practice set the agenda for the PPG meetings and that during the meetings the practice would update the PPG on recent developments and initiatives; however, we were informed that there was very little two-way dialogue at these meetings and that there was limited opportunity for PPG members to contribute.
- The practice had gathered feedback from staff through appraisals and informal discussion. Staff told us they felt able to make suggestions to improve systems and processes at the practice. For example, one member of staff explained that they had suggested the nurse combined appointments for patient medicine reviews with long-term condition reviews so that patients would only have to attend for one appointment, and that this had been adopted.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• They had failed to ensure that their significant events process was sufficiently robust to enable them to record serious safety incidents.• They had failed to monitor patients in line with prescribing guidelines• They had failed to put processes in place to ensure that results were received for all clinical samples sent for analysis.• They had failed to ensure that they had sufficient medicines available to be able to effectively respond to a medical emergency. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to ensure that it used information effectively.</p> <ul style="list-style-type: none">• The practice had failed to analyse and address concerns raised via the NHS patient survey. <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider had failed to operate effectively an accessible system of identifying, receiving , recording, handling and responding to complaints.

- Information about how to make a complaint was not easily accessible to patients.
- The provider had failed to record complaints made verbally.

This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.