

Uxendon Crescent 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?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Uxendon Crescent Surgery on 15 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Some risks to patients were assessed and well managed, with the exception of those relating to safeguarding, chaperoning, infection control, fire safety, dealing with emergencies, emergency medicines and recruitment checks.
- We saw three completed clinical audits driving improvement, these were all CCG led audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment however, they were unable to reference current evidence based guidelines.

- Results were not actioned in a timely manner on the computer system and there was a poor audit trail of results actioned on paper.
- Patients with complex long term conditions and at risk of admission were provided with Whole Systems Integrated Care (WSIC) care plans and were also supported by the Complex Patient Management Group (CPMG) consisting of a core team of health and social care professionals resulting in patient outcomes that were higher than local and national average.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patient information was available in different languages and information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and staff were not aware of some of them.

Summary of findings

- Staff were not aware of the Duty of Candour or whistleblowing policy.
- The practice was proactive in taking part in pilot schemes which focused on improving patient experience of the service.

The areas where the provider must make improvements are:

- Ensure governance processes are in place to monitor safety, and fire safety risk.
- Ensure effective systems and processes to safeguard adult and children from abuse are established and operated effectively.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff including Disclosure and Barring Service (DBS) checks.
- Ensure sufficient medicines are available in case of emergencies.
- Ensure accurate records of all decisions taken in relation to care and treatment are accurate and make reference to discussions with patients and their carers. This includes consent records, medical reviews and chaperoning records.

- Ensure clinical staff are aware of relevant nationally recognised guidance.
- Review and update policies and procedures, and ensure all staff are aware of these.

In addition the provider should:

- Ensure referrals are actioned in a timely manner and good record keeping is maintained in relation to filing reports on the computer system.
- Review the frequency of staff meetings and consider keeping a record of the discussions to ensure all staff are aware of decisions or changes in the practice.
- Advertise translation services within the practice to make patients aware of this service.
- Ensure staff knowledge of the Duty of candour or whistleblowing policy.
- Display the mission statement so it is visible within the practice.

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, as there are areas where improvements should be made.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and lessons were shared to make sure action was taken to improve safety in the practice.
- Patients were at risk of harm because systems and processes had weaknesses and did not keep them safe. For example, in relation to safeguarding, chaperoning, infection control, fire safety, recruitment checks, dealing with emergencies and emergency medicines.
- There was insufficient attention to safeguarding children and vulnerable adults. Although most members of staff could recognise or respond appropriately to abuse, some did not know who their safeguarding lead was or how to access safeguarding policies. We also found these policies were out of date.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- Clinical staff were unable to demonstrate knowledge of and reference to national guidelines.
- Audits carried out demonstrated quality improvement but these were all CCG led not practice led audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff but these were not taking place every 12 months.
- Results actioned on the computer system were inconsistent and there was a poor audit trail of all actioned results.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There was poor record keeping with regards to consent.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients and carers about the services available was easy to understand and accessible and information in different languages was available.
- We saw 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 good 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 (CCG) to secure improvements to services where these were identified. For example, the practice used the Whole Systems Integrated Care (WSIC) care pathway set up by the CCG to ensure patients with complex long term conditions and at risk of A&E admissions were kept under regular review. These patients had a single named care coordinator, implemented care plans, longer appointments and access to referrals to the WSIC multi- disciplinary team.
- 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 available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.

Requires improvement



Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and not all members of staff were aware of them.
- Partners encouraged a culture of openness and honesty but staff were not aware of the Duty of Candour or Whistleblowing policy.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice took part in pilot schemes aimed at improving patient experience of the service.

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 safe, effective 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.
- Nationally reported data showed outcomes for patients for conditions commonly found in older people were higher than national average. For example, the percentage of patients with atrial fibrillation who were treated with anticoagulation therapy was 100%, compared to the national average of 98%.
- The practice offered online prescription and appointment requests and housebound patients could request telephone prescriptions.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective 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.
- The percentage of patients with diabetes on the register in whom the last HbA1c reading was 64mmol or less was 83%, compared to the national average of 77%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Requires improvement



Summary of findings

- For those patients with the most complex needs, they received Whole Systems Integrated Care (WSIC) care plans and the named GP worked with relevant health and care professionals to co-ordinate care around the patient and deliver a multidisciplinary package of care.
- These patients were also discussed via Complex Patient Management Group (CPMG) consisting of a core team set up to provide more regular support to complex patients.

Families, children and young people

The provider was rated as requires improvement for safe, effective 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.
- The percentage of patients with asthma on the register, who had an asthma review in the last 12 months was 88%, compared to a national average of 83%.
- 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.
- The percentage of women aged 25-64 who had a cervical screening test in the preceding five years was 79%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered vaccinations to pregnant women and children and double appointments were offered for antenatal checks.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective 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.

Requires improvement



Summary of findings

- Commuter clinics were offered for working people.
- 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 had commenced the Meningitis and Septicaemia catch up vaccination programme for 13-18 years old as well as students at university.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective 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 for carers and patients with a learning disability and there were no registration restrictions for those living in vulnerable circumstances including homeless people.
- The practice offered health checks for patients and carers and longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 safe, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 92% of patients with mental health conditions had a comprehensive care plan documented in their notes compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice offered dementia assessments, investigation and referrals where necessary and carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as the Big White Wall.
- 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.
- The practice also offered NHS health checks where appropriate and offered longer appointments.

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 in line with local and national averages. 304 survey forms were distributed and 120 forms were returned. This represented 2.2% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 84%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, 32 of which were positive about the standard of care received. Patients said they felt the practice was always clean and offered an excellent service and staff were helpful, caring and took time to listen. Ten of the comment cards highlighted issues with access to routine appointments and getting through on the phone after 9am.

We spoke with two patients during the inspection. All two patients said they were happy with the care they received and thought staff were approachable and caring and felt there was good access to appointments. The practice had gathered feedback through their Friends and Family test and the most recent results showed 11 patients were extremely likely to recommend the practice while 14 were likely.

Uxendon Crescent Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Uxendon Crescent Surgery

Uxendon Crescent Surgery is located in Wembley, Middlesex and holds a General Medical Services (GMS) contract and is commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is staffed by three full time GP partners, one male and two female who work 27 sessions a week and a practice nurse who works 24 hours a week. The practice also employs a full time practice manager and six reception and administration staff.

The practice is open between 9.00am and 6.00pm on Monday and Friday, 8.30am to 6.00pm on Tuesday and Wednesday and 9.00am to 1.00pm on Thursday. Extended surgery hours are offered on Wednesday between 7.00am and 8.00am and there is an on-call GP between 8.00am and 8.30am. Emergency appointments are available at the end of the morning surgery. The practice is closed between 1.00pm and 2.00pm for lunch but patients can still contact the surgery by phone during this period. After 6pm and 1pm on Thursday, the answerphone directs patients to an out of hours provider.

The practice has a list size of 5367 patients and provides a wide range of services including antenatal and postnatal care, childhood vaccinations, ECG monitoring, 24 hour blood pressure monitoring, spirometry and other chronic disease management. The practice also provides public health services including flu vaccinations, travel vaccinations and cervical cytology screening.

The practice is located in an area where there is a high elderly population and they constitute 20% of the practice population. The majority of patients are of working age and represent 39% of the practice population.

Why we carried out this inspection

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

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 15 February 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including three GP's, the practice manager, practice nurse and five administration and reception staff members.
- Spoke with two patients who used the service and nine members of the Patient Participation Group (PPG).
- Observed staff interactions with patients in the reception area and observed how patients were being cared for.
- Reviewed the provider's policies and a range of records including staff recruitment and training files, significant events log, complaints, medicines records and clinical audits.
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The 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. For example, following the death of a patient the practice conducted an in-depth review of the person's treatment and care. The practice identified that care and treatment had been appropriate but in order to improve mental health awareness in the practice a GP would attend formal training. We saw evidence that the training had been attended and all staff were aware of the incident and learning from it.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice's systems, processes and practices to keep patients safe and safeguarded from abuse were not robust.

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements were not robust. Not all members of staff were aware of the safeguarding policies. We found the adult safeguarding policy was overdue a review by 10 months and the child safeguarding policy was overdue a review by one month and had last been reviewed in 2014. There was a lead member of staff for safeguarding but not all members of staff knew who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff had received safeguarding

training however, not all were able to demonstrate that they understood their responsibilities. GPs were trained to Safeguarding level 3 and the practice nurse was trained to Safeguarding level 2.

- 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 check (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). There was a chaperone policy in place however, clinical staff did not always record that chaperones were offered despite this being a requirement in their chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the 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. The nurse told us they had last undertaken joint working with the infection prevention teams a few years ago. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the provider had changed the flooring in the treatment rooms which had been identified as an action in an audit. Not all staff were aware of the location of spillage kits.
- The arrangements for managing medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. 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).
- We reviewed eight personnel files and found recruitment checks undertaken prior to employment

Are services safe?

were not robust. We found there was no proof of identification, immunisation records, references and full employment history including a written explanation for gaps in employment in all staff files.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Arrangements to monitor risks to patients were not well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety poster in the reception office and the practice carried out annual health and safety risk assessments, we did not see evidence of a fire safety risk assessment. Some staff told us that fire drills occurred every year however, the practice manager informed us they were not undertaking regular fire drills or practicing evacuation procedures. The practice had carried out annual fire equipment servicing. Staff had not received fire training in the last 12 months.

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, infection control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that remedial work had been carried out in response to the issues identified in the recent Legionella risk assessment.

- 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 that enough staff were on duty for example, the practice would recruit a locum nurse to cover the practice nurse when on leave or absent.

Arrangements to deal with emergencies and major incidents

The arrangements in place to respond to emergencies and major incidents were not robust.

- Staff had panic alarms and there was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, but not all staff were aware of this.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises which contained adult chest pads, paediatric pads were not available. There was oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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. However, the practice did not have Hydrocortisone (used for acute, severe asthma or severe or recurrent anaphylaxis) available. They had not carried out a risk assessment to mitigate this risk.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage however, not all senior staff were aware of this. The plan included emergency contact numbers for staff.

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.

- Clinicians were unable to provide us with examples of the current NICE guidelines they used on the day of inspection however, we found evidence that they assessed needs and delivered care in line with these guidelines. They had access to journals, received alerts and attended regular update training.

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 7% 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 2014/2015 showed;

- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients on the register who had a foot examination in the last 12 months was 95%, compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, compared to the national average of 83%.
- The percentage of patients with mental health conditions whose alcohol consumption status had been recorded in the last 12 months was 94%, compared to the national average of 89%.

The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 9%, compared to the national average of 5% and this was highlighted for

further enquiry. The practice had reviewed this and attributed it to their larger elderly population for example, 30% of their list size was over 65 years of age as well as local medicines resistance or renal impairment in the elderly. This was discussed in their practice meeting and they had established joint working with the local hospital for patients taking these medicines following discharge from hospital to make ongoing improvements. CCG prescribing data for 2015/2016, showed the practice had improved and achieved the desired CCG prescribing target rate of 11%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years and three of these were completed audits where the improvements made were implemented and monitored.
- The practice also participated in external peer reviews and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action included the safety and monitoring of patients on high risk medicines such as lithium after an alert issued by the National Patient Safety Agency showed patients on this medicine had been harmed because of poor monitoring. The aim of the audit was to ensure that patients prescribed lithium were issued prescriptions by its brand name, had physical and blood monitoring checks every three months as well as an alert card and record book for tracking their blood tests. First cycle audit showed three patients were prescribed lithium and monitoring was in place apart from having an alert card and record book. The second cycle audit showed that although only one patient was prescribed lithium, all monitoring was now in place including the alert card and record book.

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. It covered such topics as safeguarding, health and safety and confidentiality. We found infection control training was not covered as part of the induction despite the infection control policy stating this as a requirement.

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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were 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 during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, not all staff had received an appraisal in the last 12 months, for example, two staff members including one of the nurses had not received an appraisal since 2014.
- Staff received training that included: safeguarding, basic life support and confidentiality. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- Two of the GPs reviewed and actioned test results on paper instead of reviewing them on the computer system first. They told us that when test results came through the computer system, they would wait for the paper copies of those results to come through first before actioning them. Following this, they would write instructions on these paper copies that the administration staff would then action and input onto the computer system. There was no audit trail for this process and we saw previous meeting records where administration staff had raised this as an issue. For example, they had highlighted during a staff meeting in August 2015 that the process of waiting for paper copies to arrive was a slow process with one clotting test result

being 22 days old and still not actioned by the allocated GP. There was poor audit trail of these paper copies for example, on the day of inspection, we found one of the GPs had 200 unfiled test results on the computer system from 2015 which they said they had already actioned on paper. When we sampled several of the 200 unfiled reports we found one example of a poor audit trail where one chest x-ray report from October 2015 classed as unfiled on the computer system had not been actioned and the patient had been informed of their result.

- Medical reviews, were being done opportunistically by the GPs. We noted the majority of reviews were well documented however, we saw one overdue review from 2013 and another one had a review code added but no documented discussion about medicines.
- The practice however, maintained detailed care plans for patients at risk of unplanned admission to hospital and those with mental health needs. Information such as NHS patient information was also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment for example, the practice attended multi-disciplinary team meetings with the palliative care nurse to discuss their palliative care patients. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

We also saw joint working with the locality diabetic nurse who held monthly diabetic clinics for patients with uncontrolled diabetes at the practice.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity. However, we found recording keeping was inconsistent as assessment outcomes were not always recorded.
- The process for seeking consent was not monitored through records audits.

Supporting patients to live healthier lives

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 carried out smoking cessation referrals to the local chemists and the local smoking cessation clinic.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 81%. The practice sent out letter reminders for patients who did not attend for their cervical screening test and demonstrated how they encouraged uptake of the

screening programme by sending out letters to new patients. Their computer system flagged up patients who were due screening and the GP and nurse worked with the receptionist to follow up these patients. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening by allocating each type of screening to a dedicated staff member who would be responsible for reminding patients to attend 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 53% to 74% compared to a CCG average ranging from 44% to 68%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 67% to 91%, compared to a CCG average ranging from 55% to 81%. Flu vaccination rates for the over 65s were 70%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 very helpful to patients and treated them with dignity and respect.

- Privacy screens 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 arrange a private room to discuss their needs.

We received 42 patient Care Quality Commission comment cards and 32 were positive about the service experienced. Patients said they felt the practice was always clean and offered an excellent service and staff were helpful, caring and took time to listen. Ten of the comment cards we received highlighted issues with access to routine and emergency appointments as well as difficulty getting through on the phone during the busy period after 9am.

We spoke with nine members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, they also highlighted issues with getting through on the phone after 9am.

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

- 90% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 88% said the GP gave them enough time (CCG average 81%, national average 86%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).

- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 83%, national average 86%).

Care planning and involvement in decisions about care and treatment

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

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

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%).
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 84%).

Staff told us that translation services were available for patients who did not have English as a first language. Although we did not see notices in the reception areas informing patients this service was available, we saw several leaflets and posters advertised in different languages as well as a patient check-in system available in different languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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, a Whole Systems Integrated Care (WSIC) was set up for patients with complex long term conditions so they would receive high quality multi-disciplinary health and social care close to home, with the GP as named co-ordinator and WSIC care plans in place. As a result of this pathway, patients were kept under regular review and care plans were implemented for them. The practice achieved their target of 78 care plans and these patients were reviewed every three months. Longer appointments were offered with the GP and nurse, and patients who had difficulty managing their conditions were referred to the integrated care team for advice.

- The practice offered a 'Commuter's Clinic' on Wednesdays between 7.00am and 8.00am for working patients who could not attend during normal opening hours.
- The practice ensured patients with complex long term conditions and high A&E attendance received a multidisciplinary package of care including integrated care plans.
- There were longer appointments available for patients with a learning disability and they were offered health checks.
- The practice undertook dementia assessments and investigations. Patients were offered longer appointments and were referred to the local mental health team and given information on how to access support from external organisations.
- Older patients had a named GP and home visits were available for patients who would benefit from these. These home visits could be requested by their carers.
- Same day appointments were available for children and those with serious medical conditions. Telephone appointments were offered and patients could leave telephone messages for the GP or nurse which would be actioned on the day for example, health concerns or repeat medicines.

- The practice offered double antenatal appointments for pregnant women as well as six week and postnatal checks. They offered vaccinations such as whooping cough and influenza vaccinations for pregnant women as well as all childhood immunisations and influenza vaccinations for children.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had commenced the Meningitis and Septicaemia catch up vaccination programme for 13-18 year olds as well as students at university. They also offered screening for young people which included cervical smear screening and sexual health screening. Young people were also offered contraceptive counselling.
- The practice employed multi-lingual staff who spoke a variety of languages. Translation services and information leaflets in other languages were available. For example, there was information on a Jewish helpline for patients with learning disabilities. There were longer appointments for patients requiring interpreters. The practice website had an online Google translate option.
- There was no hearing loop available but hard of hearing patients could request prescriptions and appointments by fax. The practice had access to sign language interpreters and patients who had difficulty with hearing or speech were offered double appointments.
- The practice did not have lift access but they made arrangements for elderly patients and patients with mobility problems to be seen in the downstairs treatment rooms. There was also ramp access for disabled patients and disabled toilet facilities.

Access to the service

The practice was open between 9.00am and 6.00pm on Monday and Friday, 8.30am to 6.00pm on Tuesday and Wednesday and 9.00am to 1.00pm on Thursday. Appointments were from 9.00am to 11.00am and 3.30pm to 6.00pm on Monday and Friday, 8.30am to 11.00am and 3.30pm to 6.00pm on Tuesday and Wednesday and 9.00am to 11.00am on Thursday. Extended surgery hours were offered on Wednesday between 7.00am and 8.00am and there was an on-call GP between 8.00am and 8.30am. The

Are services responsive to people's needs?

(for example, to feedback?)

practice was closed between 1.00pm and 2.00pm for lunch but patients could still contact the surgery by phone during this period. After 6.00pm and 1pm on Thursday, the answerphone directed patients to an out of hours provider.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, and emergency appointments were available for people that needed them at the end of the morning surgery. The practice did not offer late appointments however, they made referrals for patients to be seen at the local hub for late emergency consultations and Saturday appointments. Patients could request appointments with a male or female GP.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 74%.
- 76% of patients said the practice was open at times that were convenient (CCG average 68%, national average 73%).
- 77% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 75% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 80% patients said they usually waited 15 minutes or less after their appointment to be seen (CCG average 49%, national average 64%).

Members of the patient participation group (PPG) and patients we spoke to on the day of the inspection told us that they were able to get appointments when they needed them, as long as they called the surgery before 9.00am.

They said it was difficult to get an appointment after this time due to this being a busy period for the practice and this aligned with patient views on the comment cards. The practice had addressed this by offering online booking for appointments as well as online prescriptions which aimed to keep the telephone lines clear. Patients told us that they found access to online appointments was easy.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England however, the policy had no review date.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, practice leaflet, website and posters displayed.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had requested a home visit for a family member that did not take place and the patient ended up in hospital. We saw evidence that this incident had been discussed at a staff meeting and learning had taken place whereby it was decided that all calls for home visits would be logged and when taking a home visit request from a relative or carer, staff would add their details on the patient's relationship screen. An apology was issued to the family, the patient was followed up by the practice manager and an appointment was made with the GP.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was not displayed in the waiting areas, however, staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The overarching governance framework which supported the delivery of the strategy and good quality care was not robust.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were poorly implemented and not all staff were aware of policies such as safeguarding, whistleblowing, disciplinary and grievance policy. The GP partner was not aware of a business continuity plan being in place and two of the GPs were unable to recall their prescribing policy. Some policies such as safeguarding were out of date and we found their recruitment policy was incomplete and not specific to the practice.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical internal audit was used to monitor quality and to make improvements however, we did not see evidence of an internal audit being carried out in the last two years.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty but we found not all members of staff were not aware of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents and we saw evidence that these were discussed at staff meetings.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us team meetings were held ad hoc and the most of the time, discussions/actions arising were not documented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG

Are services well-led?

Requires improvement 

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

had requested the provision of an in house phlebotomy service so that patients could benefit from not having to travel to the hospital. The practice had acted on this and at the time of inspection, they were awaiting installation of a computer to facilitate this service.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management if required to. For example, with regards to new patient registrations, the process was changed in order to ensure new patients were entered into the system whilst they were still in the surgery to save any delays due to lack of information. This enabled the staff to make appointments for the patients where applicable. For example, 40-74 health checks, 16-25 sexual health screening, screening for women and immunisations for children.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice took part in a pilot scheme to provide patients with access to their Detailed Coded Record online. This service was due to go live and the practice was planning to promote it in the practice and with their PPG.

The practice had also participated in a pilot scheme for the safe transfer of patient records to and from surgeries. An external company was commissioned to run this service and this system involved the use of a barcode on patient records that would track where the patient record was at any time.

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 Maternity and midwifery services 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 registered person had not ensured care and treatment was provided in a safe way:</p> <p>The provider had not assessed the health and safety risks to patients by</p> <ul style="list-style-type: none">• Ensuring a fire safety risk assessment was carried out and fire drills were carried out on a regular basis. The practice did not practice evacuation procedures and staff had not received fire training. Not all staff were aware of the panic alarms in the consultation and treatment rooms which alerted staff to any emergency.• One Emergency medicine was not available and a risk assessment had not been carried out to mitigate this risk.• Senior staff were not aware of a business continuity plan being place. <p>This is in breach of Regulation 12(2)(a), (b), (e), (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services 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>

This section is primarily information for the provider

Requirement notices

There were no robust governance processes in place to monitor, identify and assess risks to the health, safety, and welfare of service users;

- Not all members of staff were aware of the safeguarding policies. We found the adult safeguarding policy was overdue a review by 10 months and the child safeguarding policy was overdue a review by one month and had last been reviewed in 2014. There was a lead member of staff for safeguarding but not all members of staff knew who this was.
- The practice did not maintain accurate and complete records of the decisions taken in relation to the care and treatment provided. Policies and procedures required updating. The clinical staff did not demonstrate knowledge of the current NICE guidelines in relation to antibiotic use. They did not carry out audits of guidelines through practice led risk assessments, audits and random sample checks of patient records.
- The GP failed to conduct medical reviews in a timely manner and record keeping was poor. Referrals to ensure safe care and treatment were not actioned in a timely manner.

This is in breach of Regulation 17 (2)(b),(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

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

Regulation

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

How the regulation was not being met

The practice failed to ensure their recruitment checks were robust. Staff files did not contain proof of identification, immunisation records, references and full employment history including a written explanation for gaps in employment.

This section is primarily information for the provider

Requirement notices

This is in breach of Regulation 19 (1)(a), (b), (2) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing