

Brentford Group Practice

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?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Brentford Group Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brentford Group Practice on 21 October 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all significant events were discussed at meetings and it was not clear what learning had been achieved to improve safety in the practice.
- Some risks to patients were assessed and well managed, with the exception of those relating to infection prevention and control, medicines management, recruitment, staff training, and dealing with emergencies.

- Data showed patient outcomes were above average for the locality. Clinical audits were used to demonstrate quality improvement, although the results were not always shared with staff.
- Patients said they were treated with compassion, dignity and respect. Most felt cared for, supported and listened to.
- Information for patients about the services available was easy to understand and accessible.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but we found the recruitment policy was not being adhered to and it was not clear when policies were due for review.
- The practice did not have a patient participation group (PPG) and were not able to demonstrate how they acted on patient feedback.

The areas where the provider must make improvements are:

Summary of findings

- Ensure Patient Group Directions for nursing staff are reviewed.
 - Carry out a risk assessment to prevent the spread of health care associated infections.
 - Be proactive in seeking and acting on feedback from patients.
 - Ensure staff receive training, professional development and appraisal to enable them to carry out their roles.
 - Ensure effective recruitment procedures are followed.
- In addition the provider should:
- Ensure availability of an automated external defibrillator (AED) or undertake a formal risk assessment if a decision is made to not have an AED on-site.
 - Review and update procedures and guidance.
 - Formalise the practice's vision and values and ensure staff are made aware of this.
 - Maintain a record of decisions and actions arising from practice meetings.
 - Advertise that translation services are available to patients on request.

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, we found that significant events discussed at meetings were not always documented.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, those relating to infection prevention and control, medicines management, recruitment, staff training, and dealing with emergencies.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff, however we found two members of staff had not received an appraisal since 2012.
- We were told that multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to or above local and national averages 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.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Most patients said they found it easy to access the service and make an appointment, although some patients commented on waiting for long periods after their appointment time to be seen.

Good



Are services well-led?

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

- The practice did not have a formalised vision or strategy that had been documented or shared with staff.
- The practice had a number of policies and procedures to govern activity. However we found the recruitment policy was not being adhered to and it was not clear when policies were due a review to ensure they were current.
- The practice had submitted a statement of compliance for information governance, but there was no evidence that the requirements for this had been completed.
- Clinical audits were used to monitor quality and to make improvements, although we found that the results of audits were not widely shared amongst the clinical team. Data from the Quality and Outcomes Framework (QOF) showed the practice's overall achievement was above the regional and national averages.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. There was an open culture within the practice and staff felt supported by management. However, staff training was inconsistent across the different staffing groups and not all staff had received regular performance reviews.

Requires improvement



Summary of findings

- We were told regular meetings were held with staff and other health professionals, however there was inconsistent evidence of this as some meetings had not been minuted.
- The practice did not have a patient participation group (PPG) and were not able to demonstrate how they acted on patient feedback to evaluate and improve the service provided.

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 and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of older people. The practice had a lower percentage of patients over the age of 75 (5.8%) when compared to the national average (7.6%), and patients over the age of 85 (1.5% compared to the national average of 2.2%). The income deprivation level affecting older people was 30 compared to the national average of 22.5.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the practice's performance for dementia related indicators in 2014/15 was above the CCG and national averages (practice 100%; CCG 95.5%; national 94.5%).
- All patients over the age of 75 had a named GP and were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles vaccination and avoiding unplanned admissions to hospital.
- We were told that monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs, although the outcomes of these meetings were not always documents.
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and rapid access appointments for those with enhanced care needs.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people with long-term conditions. The percentage of patients at the practice with a long standing health condition (41.7%) and with health related problems in daily life (38.2%) was lower than the national averages (54% and 48.8% respectively).

Requires improvement



Summary of findings

- Nationally reported data showed that outcomes for patients with long term conditions was good.
- The GPs and nurses were responsible for chronic disease management.
- Patients at risk of hospital admission were identified as a priority and had annual reviews to check that their health and medication needs were being met.
- Patients were reviewed following discharge from hospital and referrals to support services and self-help groups were made to prevent readmissions.
- The practice offered an anticoagulation clinic which was run by the nurse under the supervision of a GP partner.
- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of families, children and young people. Children aged zero to four represented 6.8% of the practice population (national average 6.0%); children aged five to 14 represented 10.4% (national average 11.4%); and those aged under 18 years represented 13.3% (national average 14.8%). The income deprivation level affecting children was 36 compared to the national average of 22.5.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitor to discuss children on the child protection register.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were relatively high and above the CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered antenatal and postnatal services.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice had a higher percentage of patients aged 20 to 44. The number of patients in paid work or full-time education was above the national average, 65.6% compared to 60.2%.

- 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 had a website which offered facilities to book appointments and order repeat prescriptions online. Text messaging was used for confirming appointments, normal test results, and health promotion.
- Early appointments from 07:10 and late appointments until 19:10 on Mondays were prioritised for working patients. There was a full range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 83.7% which was above the CCG and national averages of 77.8% and 81.8% respectively.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including housebound patients (51 patients), carers (31 patients), those with a learning disability (11 patients), and patients receiving end of life care (16 patients).

- Longer appointments were offered to patients with a learning disability, and these patients were offered an annual health check. Data showed that in 2014/15 all 11 patients had received their annual review.
- Housebound patients and those who could not access the practice were supported via home visits.
- The practice told us they worked with multi-disciplinary teams in the case management of vulnerable people. A named social worker was assigned to the locality.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). In 2014/15 performance for mental health related indicators was above the CCG and national averages (practice 96.2%; CCG 91.7%; national 92.8%).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. For example, had access to the community mental health team for support and advice, and joint visits were arranged with consultants to support patients with complex or severe mental illness.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 330 survey forms were distributed and 119 were returned, representing 1.7% of the practice population.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 79% described their experience of making an appointment as good (CCG average 68%, national average 73%).

- 45% usually waited 15 minutes or less after their appointment time to be seen (CCG average 57%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were mostly positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

We spoke with five patients during the inspection. All these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure Patient Group Directions for nursing staff are reviewed.
- Carry out a risk assessment to prevent the spread of health care associated infections.
- Be proactive in seeking and acting on feedback from patients.
- Ensure staff receive training, professional development and appraisal to enable them to carry out their roles.
- Ensure effective recruitment procedures are followed.

Action the service **SHOULD** take to improve

- Ensure availability of an automated external defibrillator (AED) or undertake a formal risk assessment if a decision is made to not have an AED on-site.
- Review and update procedures and guidance.
- Formalise the practice's vision and values and ensure staff are made aware of this.
- Maintain a record of decisions and actions arising from practice meetings.
- Advertise that translation services are available to patients on request.

Brentford Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a Practice Manager specialist advisor. The specialist advisors were granted the same authority to enter the registered persons' premises as the CQC inspector.

Background to Brentford Group Practice

Brentford Group Practice provides GP led primary care services through a General Medical Services (GMS) contract to around 7,000 patients living in the surrounding areas Brentford. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hounslow Clinical Commissioning Group (CCG).

The practice staff comprise of three GP partners (two male and one female); three salaried GPs (female); a practice nurse; a health care assistant (HCA); a practice manager; and a team of reception/administrative staff. The number of sessions covered by the GPs equates to four whole time equivalent (WTE) staff. The number of hours covered by the practice nurse equates to 0.75 WTE and the HCA 0.45 WTE.

The practice is located on the ground floor of a purpose built health centre, and shares the premises with other health care providers. The premises are accessible by wheelchair.

The practice is open 08:30 to 18:30 Monday to Thursday, and 08:30 to 18:00 on Friday. Telephone message handling is in operation from 08:00 to 08:30 and 18:00 to 18:30.

Appointments are available between 08.30-11.40 and 15.00-17.50. Extended opening hours are available on Monday from 06:45 to 08:00 in the morning, and 18:30 to 19:45 in the evening. Early appointments from 07:10 and late appointments until 19:10 are available on Monday.

Appointments can be booked up to six weeks in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The practice has a predominantly young adult population. The number of patients aged zero to four (6.8%), aged five to 14 (10.4%) and under 18 (13.3%) are similar to the national averages (6.0%, 11.4% and 14.8% respectively). The percentage of people with a long standing health condition (41.7%), and the percentage of people with health related problems in daily life (38.2%) are below the national averages (54% and 48.8% respectively). The average life expectancy for the CCG area is 80 years for males and 83 for females (national averages 79 and 83 respectively).

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

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

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 October 2015. During our visit we:

- Spoke with a range of staff including: two GP partners; a salaried GP; the practice manager; three receptionists / administrators.
- Spoke with five patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 38 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. People affected by unintended or unexpected safety incidents received reasonable support and a timely apology and were told about what action the practice had taken to improve care. Staff told us they recorded any incidents on a standard form available on the practice's computer system, and that incidents and significant events were then discussed at the weekly clinical meeting. We reviewed meeting minutes from the last year and noted that one significant event had been discussed in November 2014, despite five events being logged on the annual summary of significant events.

The practice kept a record of the action taken as a result of any incident and we were told that learning achieved was disseminated to relevant staff at practice meetings, via electronic notifications or verbally. Four out of six GPs attended the weekly clinical meeting however the meeting minutes we reviewed did not detail what lessons had been learned to make sure action was taken to improve safety in practice and who these were shared with. We were told that outcomes of the meetings were shared verbally with the absent GPs the next day.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare, however we noted that the contact list on child protection protocol had not been reviewed since 2013 to check they were up to date. We saw current details were on display in the administration office for staff to access and we were told that the policy would be reviewed to reflect these details. The practice had a safeguarding vulnerable adults policy. 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 most had received training relevant to their role. The GPs were trained to Safeguarding level 3 and had received training within the last year. However we noted that two non-clinical staff had not received any training and four non-clinical staff had not received update training since 2011.

- A notice in the waiting room and on consultation room doors advised patients that a chaperone service was available if required. Clinical staff acted as chaperones, were trained for the role and had received a disclosure and barring 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).
- 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 lead and kept up to date with training and best practice. We were told that the GPs received infection control training on an ad-hoc basis, however there were no records to confirm that other staff had received training. There was an infection control protocol in place and we were told that annual audits took place. We reviewed the latest audit from June 2014 and noted that this had been started but was incomplete, therefore follow-up action had not been taken to address any improvements identified. Cleaning of the premises was carried out by the health centre and we saw cleaning schedules were in place.
- We checked medicines stored in the treatment rooms and the medicine fridge, and found they were stored securely and were only accessible to authorised staff. We were told that nursing staff were responsible for checking that medicines were kept at the required temperatures, however there was no system in place to ensure temperatures were checked when the nursing staff were absent. We reviewed the fridge temperature records and noted that some days the temperature had not been checked. The records showed that staff documented the minimum, maximum, and actual temperatures in the fridge. All the 'actual' temperatures recorded were within the recommended range of 2 – 8 degrees Celsius, however we found that some of the maximum temperatures recorded were above 8 degrees. We brought this to the attention of the practice manager who told us staff would be informed of the

Are services safe?

correct procedures to follow. Other arrangements for managing medicines, including emergency drugs, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, however these were not up to date for the current practice nurse.

- We reviewed three personnel files and found that some recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, these were inconsistent and the practice were not following their recruitment policy. For example, a record of verbal references had not been kept for one member of staff, and gaps in employment history and proof of identify including a recent photograph had not been checked for another. We noted that three GPs had not received a DBS check prior to starting work. We also found that no records were kept for a regular GP locum who covered sessions.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy which stated that training would be provided as part of an employee's induction, however we did not see evidence that staff had received training. The health centre 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 also had other risk assessments in place to monitor safety of the premises, including legionella testing.

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency equipment was available including access to medical oxygen. The practice did not have access to an automated external defibrillator (AED) which is used in cardiac emergencies, and had not assessed the risks of this.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, some clinical and non-clinical staff were not aware that a business continuity plan was in place.

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. There were some systems in place to keep clinical staff up to date. Staff told us they attended educational meetings and accessed guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 8.3% exception reporting. The practice's performance was above the clinical commission group (CCG) average of 93.8% and the national average of 93.5%. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG average and below the national average (practice 81.4%; CCG 81.1%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 90%, CCG 89%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 86.1%, CCG 85.3%, national 88.3%).
- Performance for hypertension related indicators was above the CCG and national averages (practice 100%; CCG 96.7%; national 97.8%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 84.7%, CCG 81.5%, national 83.6%).
- Performance for mental health related indicators was above the CCG and national averages (practice 96.2%; CCG 91.7%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had

a comprehensive care plan documented (practice 95.5%, CCG 88%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 95.5%, CCG 91.5%, national 89.5%).

- Performance for dementia related indicators was above the CCG and national averages (practice 100%; CCG 95.5%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 100%, CCG 83.9%, national 84%).

Clinical audits were carried out to demonstrate quality improvement.

- We were shown eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We reviewed an audit which reviewed patients taking high risk medicines, such as methotrexate, to ensure they were they were being monitored appropriately. The initial audit had been carried out in February 2014, and a re-audit took place in October 2015. The initial audit showed that one out of 13 patients required follow-up blood tests, so the patient was contacted. The practice created a 'standard operating procedure' guide for staff to ensure they were following recommended guidelines. The re-audit showed that all 16 patients had received blood tests within the last three months unless they had stopped the medicine. We found that clinical staff were unfamiliar with the audits carried out by their colleagues and that the results of some audits were not shared with other clinical staff.
- The practice participated in applicable local audits, benchmarking, and peer review, although this information was not always shared with other staff.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as

Are services effective?

(for example, treatment is effective)

health and safety, confidentiality, and training. We saw the induction timetable for a receptionist/administrator and noted that this covered topics outlined in the induction programme, as well as role specific training.

- The learning needs of staff were identified through a system of appraisals and meetings, however we were told that the practice manager and lead receptionist had not received an appraisal since 2012. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, although this was not consistent across all staffing groups. For example, administrative staff had received information governance training but clinical staff had not, and the nurse had received infection control training however there were no records to confirm that all other staff had received training. All staff had received training that included safeguarding and basic life support.

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. The practice also had access to entries on patients' records from other health professionals such as district nurses and health visitors.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service electronically, by post or by fax. The GP who saw these documents and results was responsible for the action required. The GPs told us that blood test results were actioned the same day they were received.

Staff told us they worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw that multi-disciplinary team meetings had been scheduled for May and July 2015, however the practice did not keep a

record of the agenda or minutes to these meetings. Staff told us that these meetings took place on a monthly basis, however they often involved informal conversations with other health professionals and were not documented.

Consent to care and treatment

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

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

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, smoking cessation was offered in-house or patients could be referred to a service within the health centre.

The practice's uptake for the cervical screening programme was 83.7% which was above the CCG average of 77.8% and similar to the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.1% to 93.3% (CCG 78.3% to 92.8%), and five year olds from 71.2% to 95.2% (CCG 61.3% to 91.4%). The practice nurse monitored and followed up children who had not attended for their vaccinations. Flu vaccination rates for the over 65s were 61%, and at risk groups 43.6%. These were below the national averages (73.2% and 52.3% respectively). The practice were trying to improve flu vaccination rates by providing a daily walk-clinic from 12.30pm – 1pm whereby patients could receive the vaccination.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included new patient health checks (which included HIV screening as part of a local initiative), and NHS health checks for people aged 40–74. Data showed that 2.7% of eligible patients received an NHS health check in the last 12 months. Appropriate follow-ups on the

outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Targeted screening for young people was also available. For example, chlamydia screening was offered to young people aged 16–25 years.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The five patients we spoke with provided mostly positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 38 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients rated the practice similar to or above the local and national averages when asked questions about how they were treated, and if this was with compassion, dignity and respect. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.

- 92% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey 2015 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 averages but below national averages. For example:

- 79% 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%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices informing patients this service was available. The electronic check-in system had options for patients to view the information in a variety of languages.

Patient and carer support to cope emotionally with care and treatment

The percentage of patients with a caring responsibility was lower than the national average, 13.9% compared to 18.2%. The practice's computer system alerted GPs if a patient was also a carer and they were supported. For example, carers were offered the flu vaccination and referral to support services. Data showed that there were 31 patients registered as carers and seven of them had received the flu vaccination this year. The practice had a carer's protocol, however we did not see information available in the waiting area to ensure carers had information to understand the various avenues of support available to them.

Are services caring?

We were told that if a patient had passed away their records were updated immediately and the multidisciplinary team were notified. Staff also told us that

if families had suffered a bereavement, they were contacted and given advice on how to find a support service. For example, patients could be referred to a counselling service within the health centre.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were planning to offer a monthly diabetic clinic whereby joint sessions would be offered with a GP and a hospital consultant, and a specialist diabetic nurse and the health care assistant.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Extended opening hours were available on Monday from 06:45 to 08:00 in the morning, and 18:30 to 19:45 in the evening, for working patients who could not attend during normal opening hours.
- Longer appointments were available for people with a learning disability, those with multiple conditions, and for appointments where an interpreter was required.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent appointments were available the same day for emergencies cases.
- Accessible toilets and baby changing facilities were available.
- Translation services were available. The electronic check-in system had options for patients to view the information in a variety of languages.
- Patients could access a male or female GP, with the exception of Tuesday when there were no male GPs on duty. Staff told us that patients had not raised this as an issue.
- Staff told us they tried to be flexible by avoiding booking appointments at busy times for people experiencing poor mental health or who may find this stressful.

Access to the service

The practice was located on the ground floor of a purpose built health centre, and shared the premises with other health care providers. The premises had step-free access and was accessible by wheelchair.

The practice was open 08:30 to 18:30 Monday to Thursday, and 08:30 to 18:00 on Friday. Telephone message handling

was in operation from 08:00 to 08:30 and 18:00 to 18:30. Appointments were available between 08.30-11.40 and 15.00-17.50. Extended opening hours were available on Monday from 06:45 to 08:00 in the morning, and 18:30 to 19:45 in the evening. Early appointments from 07:10 and late appointments until 19:10 were available on Monday. Appointments could be booked up to six weeks in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 86% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 45% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

People told us on the day that they were able to get appointments when they needed them, although some said they had to wait over 30 minutes after their appointment time to be seen. Patients confirmed that they could usually see a doctor on the same day and were aware that this might not be with the GP of their choice. Comment cards we reviewed aligned with these views.

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.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system. For example, information was included in the practice leaflet and on the website.

The practice received 13 complaints in the last 12 months. We reviewed two of these and found these were satisfactorily handled and dealt with in a timely way. An annual review of complaints was carried out to identify

themes occurring. For example, complaints in specific areas such as clinical care, prescribing, administration, waiting times and appointments. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints about staff members were discussed with the individual to prevent reoccurrence and lessons learned were shared at practice meetings.

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 did not have a formalised vision or strategy, and practice values had not been documented or shared with staff. The GPs spoke about improving services provided for patients and ensuring continuity of care with a stable clinical team. Other staff spoke about the importance of providing patient-centred care however they were not aware of a formalised vision or strategy for the practice. We did not see any information on values displayed within the practice.

Governance arrangements

The practice had a governance framework which outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however we found those relating to recruitment were not being adhered to. We also noted that other policies including those for child protection, bullying and harassment, health and safety, and needle stick injuries had not been reviewed since 2013 and there was no system to identify when the next review was due to ensure the policy was up to date. The practice did have protocols in relation to prescribing, routine blood testing, and monitoring patients on high risk medicines.
- Data from the Quality and Outcomes Framework (QOF) was used to measure the practice performance. Data from the QOF 2013/14 showed the practice had achieved 99.2% of the total number of points available, and they had maintained performance by achieving 97% in 2014/15. This was above the clinical commissioning group and national averages. There was a comprehensive understanding of the performance of the practice, although we found some local benchmarking data had not been shared with relevant staff.
- Clinical audits were used to monitor quality and to make improvements, although we found that the results of audits were not widely shared amongst the clinical team.
- There were some arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. However, the risks associated with dealing with medical emergencies without an automated external defibrillator (AED) had not been assessed, and staff had not received health and safety training.

- The practice had submitted a statement of compliance with regards to information governance. However we found that an information governance plan and audits, which are requirements, had not been completed. The practice manager informed us that they were unaware of the requirements, and we therefore notified one of the GP partners of our findings.

Leadership, openness and transparency

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 that they were approachable and took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

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

- Staff told us that the practice held regular administrative team meetings, weekly clinical meetings, and monthly multi-disciplinary team meetings, however these were not always documented to identify what was discussed and to ensure actions identified were subsequently addressed.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or with management and were confident in doing so.
- Most staff said they felt respected, valued and supported. However we found that training was inconsistent across the different staffing groups, and the practice manager and lead receptionist had not received an appraisal since 2012. We also noted that the practice manager had not received role specific training to support them in their managerial role.

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

Are services well-led?

Requires improvement 

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

The practice monitored patient feedback via the national GP patient survey, NHS choices, the friends and family test, compliments, and complaints received. However, the practice were not able to demonstrate how they acted on patient feedback to evaluate and improve the service provided.

- Results from the friends and family test in September 2015 showed that five respondents (100%) were likely to recommend the practice. In October 2015, seven respondents (88%) were likely to recommend the practice and one (12%) was neither likely or unlikely to.

- The practice did not have a patient participation group (PPG). Staff told us they had attempted to start a group in 2013 however there was no uptake to the group, and since then no further attempts had been made to recruit members for the PPG.
- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 registered person did not ensure that Patient Group Directions to allow nurses to administer medicines in line with legislation were in date.</p> <p>An up to date infection control audit had not been completed.</p> <p>There was no evidence to show how the practice acted on patient feedback to evaluate and improve the service.</p> <p>This was in breach of Regulation 17 (2)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that all staff received training, professional development and appraisal to enable them to carry out the duties they were employed to perform.</p> <p>This was in breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met:

The registered person did not ensure that recruitment procedures were operated effectively to ensure that all persons employed had a criminal record certificate (clinical staff only), proof of identity including a recent photograph, evidence of conduct in previous employment, and written explanation of any gaps in employment history.

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