

Queens Walk Practice

Quality Report

6 Queens Walk

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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

Good



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?

Good



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 Queens Walk Practice on 16 February 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. However the practice did not make use of Patient Specific Directives to ensure staff delivered care safely. The practice had also not carried out Disclosure and Barring Service check (DBS check) on reception staff acting as chaperones.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure that health care assistants only work to Patient Specific Directives to deliver care safely.
- Ensure systems are implemented for the safe management of prescription pads.

Summary of findings

- Ensure that medicines alerts are consistently followed up.
- Take action to address identified concerns with infection prevention and control practice
- Ensure regular fire drills are undertaken and that the practice undertakes a risk assessment for the safe keeping of the nitrogen tank in the surgical room.
- Ensure staff receive appropriate infection control training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure they undertake a risk assessment to carry out DBS checks on staff undertaking chaperoning duties.

In addition the provider should:

- Ensure improvements are made to the recording of patients care plans.
- Ensure that regular palliative care meetings are held.
- Ensure they develop a consistent system that allows staff to access the staff meeting minutes if they had been absent on the day of the meeting.
- Ensure the process of identifying carers is formalised.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Reception staff were acting as chaperones without DBS checks or a risk assessment of why a DBS check was not required. However they had undertaken training and were aware of their role during patient chaperoning.
- We found concerns around infection control as the practice could not demonstrate training and there was no system in place to ensure Patient Specific Directives (PSD's) were available to ensure safe medicines management.
- We were also concerned as the practice kept a large liquid nitrogen container used for surgical procedures unsecured in a room used for surgery and a risk assessment had not been carried out for its safe storage.
- Regular fire drills were not being carried out according to the practices policies.

Requires improvement



Are services effective?

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated 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 all staff.

Good



Summary of findings

- Although the practice had written care plans for 5.2% of patients with a high risk of admission most patients with long term conditions did not have written care plans nor did they have written escalation or de-escalation plans for patients with COPD or asthma.
- The practice held multi-disciplinary meetings but these did not include palliative care patients.

Are services caring?

The practice is rated as good for providing caring services.

- 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 about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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 to secure improvements to services where these were identified.
- 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 good for being well-led.

- 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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

- GP 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, who have a record of an albumin: creatinine ratio test (The urine albumin test or albumin/creatinine ratio ACR is used to screen people with chronic conditions, such as diabetes) in the preceding 12 months was comparable to the CCG and national average (practice 85%; national 77 %).
- Longer appointments and home visits were available when needed. However, not all these patients had a personalised care plan.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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.
- 80% of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was comparable to the national average.
- 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

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

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- 80% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 97% of patients diagnosed with schizophrenia, bipolar and other mental health conditions had a care plan reviewed in the last 12 months, which was higher than the national average.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 for the most recent data showed the practice was performing above the local and national averages. There were 335 surveys distributed with a response of 115 which represents 35% of the practice population who had been asked to complete the national GP survey.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%).
- 90% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 87%, national average 91%).

- 78% described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 85% usually waited 15 minutes or less after their appointment time to be seen (CCG average 53%, 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 20 comment cards which were all positive about the standard of care received. All were complimentary about the practice, staff who worked there and the quality of service and care provided and the easy access to GP appointments.

We spoke with six patients and one PPG member during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure that health care assistants only work to Patient Specific Directives to deliver care safely.
- Ensure systems are implemented for the safe management of prescription pads.
- Ensure that medicines alerts are consistently followed up.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure that reception staff acting as chaperones have current Disclosure and Barring checks. The must is that they undertake a risk assessment to carry out DBS checks on staff undertaking chaperoning duties however as they were already doing so I don't think this is proportionate.

- Ensure regular fire drills are undertaken and that the practice undertakes a risk assessment for the safe keeping of the nitrogen tank in the surgical room.
- Ensure staff receive appropriate infection control training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service SHOULD take to improve

- Ensure improvements are made to the recording of patients care plans.
- Ensure that regular palliative care meetings are held.
- Ensure they develop a consistent system that allows staff to access the staff meeting minutes if they had been absent on the day of the meeting.
- Ensure the process of identifying carers is formalised.

Queens Walk 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 and practice manager specialist adviser.

Background to Queens Walk Practice

The Queens Walk Practice is located in the London Borough of Ealing, and provides a general practice service to around 10060 patients from a purpose built building.

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

The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two GP partners and five salaried GPs working a total of thirty four sessions amongst them. There is a good mix of female and male staff.

Queens Walk Practice is a teaching and training practice and hosts medical students. At the time of our inspection they had three GPs in training at the practice.

The practice has a full time practice manager. The rest of the practice team consists of one full time practice nurse, three health care assistant and seven administrative staff consisting of medical secretaries, reception staff, clerks and typist.

The practice is currently open five days a week from 07:30-17:00hrs Monday – Fridays. Consultation times are 07:30hrs until 12:00hrs and 14:00hrs until 17:00hrs. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

There were no previous performance issues or concerns about this practice prior to our inspection.

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 16 February 2016. During our visit we:

Detailed findings

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

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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. For example, the practice had issued a prescription for the wrong formulation (which contains alcohol). They used the NLRs national reporting tool for this incident. They also discussed this with the CCG and an Imperial College meeting to ensure other practices learnt from this. However we found they did not always follow up alerts from the MHRA (Medicines and Healthcare products Regulatory Agency). The practice had not undertaken any searches for recent alerts received. The practice had a policy for dealing with these and a designated person.

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 had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. Most GPs were trained to Safeguarding level 3. One GP who was required to renew their training had been booked to attend training in April 2016.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had undertaken training. However in the absence of nursing staff, the practice used reception staff who had been long employed to act as chaperones. These staff did not have 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). The practice were aware of the need to ensure that all staff acting as chaperones were DBS checked and were in the process of applying for DBS checks. However these staff had continued to act as chaperones.
- The practice maintained some standards of cleanliness and hygiene. We observed most the premises to be clean and tidy. However we found that the nurses clinical room had visible dust on the shelves. A cleaner attended the practice daily to clean but no system was in place to monitor this.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. However the practice had last undertaken an external infection control audit three years ago and there had been no other audits. Staff had also not had infection control training updates in the last two years.

The arrangements for managing medicines required improvements.

- The practice carried out some 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, although the MHRA alerts were not always carried out. However prescription pads were not always securely stored and there was no robust systems in place to monitor their use. The practice were aware of their need to record and log the prescription pads.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

Are services safe?

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).

- However the practice did not have Patient Specific Directions in place for health care assistants who administered influenza vaccines. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). The health care assistants had been trained and were closely supervised. When we spoke to the practice they told us that they were unaware these were required. The health care assistants explained that they undertook home visits to administer the influenza vaccine to housebound patients. They explained that they discussed these patients with the GPs prior to undertaking the visits. However we found no evidence to support this. A day following our inspection the practice sent us a risk assessment and PSD tool that was being implemented following our inspection.
- We reviewed eight personnel files and found the appropriate checks through the Disclosure and Barring Service for reception staff who were acting as chaperones.
- The practice also used locum GPs to cover during holidays and sickness. These Locums were sourced within the local CCG by the practice. The practice manager could demonstrate that they had checked identification, DBS, Medical Indemnity Insurance and registration checks and that the locums were on the performers list. However we found no evidence of employment references for the locums. We were told that it was common practice within the CCG to refer colleagues and receive oral feedback without written references.
- 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

Most risks to patients were assessed and well managed. However improvements are required.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. However they did not carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found that the practice kept a large liquid nitrogen container used for surgical procedures unsecured in a room used for surgery. A risk assessment had not been carried out for its safe storage.
- 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. The practice used locum GPs to cover planned holidays.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 6.5 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 an outlier for data relating to the uptake of influenza vaccine. The practice were aware of this and had taken action to address this. However most of their patients still did not want the influenza vaccine and this was recorded in the records.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. (practice 84 %; national 83%).
- Performance for mental health related and hypertension indicators was similar to the CCG and national average (practice 97%; national 88%).
- The dementia diagnosis rate was comparable to the CCG and national average (practice 80%; national 84%).
- The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine

ratio test (The urine albumin test or albumin/creatinine ratio ACR is used to screen people with chronic conditions, such as diabetes) in the preceding 12 months was comparable to the CCG and national average (practice 85%; national 77 %).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example; the practice had carried out an audit to improve care plans for patients experiencing mental health conditions. This resulted in improvements to their care needs and communication with other secondary care providers.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the delivery of in-house services for patients requiring atrial fibrillation and anticoagulants care.

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, fire safety, health and safety and confidentiality.
- 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. 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 available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. However though the practice had written care plans for 5.2% of patients with a high risk of admission, most patients with long term conditions did not have written care plans nor did they have written escalation or de-escalation plans for patients with chronic obstructive pulmonary disease or asthma.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis. However these meetings did not include patients on the palliative care register. The practice were aware of this but explained that it was difficult for them to arrange meetings without the attendance of the community palliative care team nurses.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was 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's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 96% and five year olds from 78% to 98%.

Flu vaccination rates for the over 65s were lower to the CCG and national averages. However the practice had introduced drop in clinics, opportunistic clinics were these could be given but patients were still not taking this up.

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

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

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.

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients 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:

- 97% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 80%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).

- 90% said they found the receptionists at the practice helpful (CCG average 81%, 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 above local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%).
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%).
- 87% 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. We saw notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.45% of the practice list as carers. However the system of identifying carers required improvements as it was only opportunistic. 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 offered them a face to face

Are services caring?

appointment. 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.

- The practice offered an early morning clinic Monday to Friday from 07:30hrs for working patients who could not attend during normal opening hours.
- GPs at the practice offered patients appointments of 15 minutes per slot; where this had been requested and double appointments were available for patients with chronic diseases and learning disabilities.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was planning to install a user friendly ramp and this had just received funding permission.

Access to the service

The practice was open five days a week from 07:30hrs-17:00hrs Monday to Fridays. Consultation times were 07:30hrs until 12:00hrs and 14:00hrs until 17:00hrs. When the practice was closed, the telephone answering service directed patients to contact the out of hours provider.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- We saw that information was available to help patients understand the complaints system.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled 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 the practice had recognised the need to improve on some staff's interpersonal skills following a complaint from a patient.

Are services well-led?

Good 

(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 displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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 the practice held regular team meetings. However the practice did not have a consistent system to ensure that all staff accessed the minutes if they had been absent on the day of the meeting.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings 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 practice had introduced early morning appointments as opposed to evening late openings as a result of PPG feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous 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. Most of the

GPs at the practice were affiliated to local training hospitals and some also undertook work with the local hospitals and training universities. This provided an opportunity to access learning and we saw that this was shared within the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<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 did not ensure care and treatment was provided in a safe way for service users by making suitable arrangements for assessing and mitigating risks to the health and safety of service users, equipment, management of medicines and infection prevention and control.</p> <p>A risk assessment had not been completed for the safe keeping of the liquid nitrogen tank used for surgical treatments.</p> <p>Health care assistants were administering influenza vaccinations without the use of Patient Specific Directives (PSD).</p> <p>The practice had not followed up all medicines alerts.</p> <p>The practice did not have a system in place to check the cleaning logs and some clinical areas were unclean.</p> <p>Regulation 12 (1)(2)(a)(e)(g)(h)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

17 (b).assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Systems were not in place to ensure premises used by the service provider were safe.

Premises were not properly assessed. The practice were not carrying out regular fire drills according to their policy.

Regulation 17(b).

Regulated activity

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

Regulation

Regulation 18 HSCA (RA Regulations 2014 Staffing Activities) Regulations 2014: Regulation 18 Staffing.

How the regulation was not being met

2 (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Staff had not undertaken infection control training.

Regulation 18 (2) (a).

Regulated activity

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

Regulation

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

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

3.The following information must be available in relation to each such person employed—

(a) the information specified in Schedule 3, and (b). such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

Appropriate recruitment checks were not carried out before staff started work at the practice.

This section is primarily information for the provider

Requirement notices

Employment records for a Locum GPs we viewed did not show that the registered person had undertaken all the necessary recruitment checks such as references before staff were employed.

Regulation 19(1)(a)