The Stansted Surgery

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Stansted Surgery on 14 April 2015. Overall the practice is rated as inadequate.

We found the practice was inadequate for providing safe and well led services.

We found the practice required improvement for providing, responsive, caring and effective services. It was also inadequate for providing services for the: older people; those with long term medical conditions; mothers, babies, children and young people; working age people and those recently retired; people in vulnerable circumstances who may have poor access to primary care; and people experiencing poor mental health. All of the population groups are also rated as inadequate as the concerns which led to our ratings across each of the domains also apply to each of the population groups.

Our key findings were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control had not been taken.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff following any investigations.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment.
- Some audits had been carried out. However, we saw no evidence that these audits were driving performance to improve patient outcomes.

Summary of findings

- Complaints had been responded to but no learning from their cause or common themes was taking place.
- The practice did not have arrangements for identifying, recording and managing risk.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- The practice had not proactively sought feedback from staff or patients.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors to the premises.
- Seek and act on feedback from patients, for the purposes of continually evaluating and improving services.
- Ensure recruitment procedures are established and operated effectively to confirm that people employed are suitable for the role for which they are employed.
- Assess, monitor and improve the quality and safety of the service provided by putting in place processes for sharing and learning from significant events and complaints with all staff.
- The infection control lead must have appropriate knowledge and skills to undertake the role.
- Consultation room must be appropriately located to allow patients with mobility limitations to have access to timely appointments.

In addition the provider should:

- The practice should ensure that all staff are aware of and adhere to policies produced by the practice, for example the prescription security policy.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services as there are areas where it must make improvements. Staff were not clear about reporting incidents, near misses and concerns. When things went wrong, reviews and investigations were not thorough and lessons learned were not communicated widely enough to support improvement. Although 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. The practice had not undertaken a legionella risk assessment for the premises, but this has now been arranged.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements must be made. The practice could not demonstrate how patient outcomes were met as the practice did not have an effective system in place for completing clinical audit cycles. The practice was unable to provide evidence that audits were driving improvement in performance to improve patient outcomes Data showed patient outcomes were at or below average for the locality. Multidisciplinary working was taking place and minutes were seen.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services and improvements must be made . The practice is working with the NHS England Area Team and Clinical Commissioning Group (CCG) to review information about the local population. Patients reported considerable difficulty in accessing a named GP and therefore had poor continuity of care. Appointment systems were not always working well and we were not assured patients received timely care when they needed it. The practice had implemented urgent surgery slots both at noon and 4pm where anybody who felt that they need to be seen on the day was

Summary of findings

accommodated. Information about how to complain was available for patients but the complaints leaflet was kept behind the reception desk and there was no information in the waiting areas informing patients how they could complain.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. Not all staff were aware of a clear vision or strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy of the practice. The leadership structure was being improved but was not robust yet and some staff did not feel supported by management. The practice had a number of policies and procedures to govern activity, but these were not always adhered to and some staff were not aware of their existence. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. The practice had not proactively sought feedback from staff or patients and did not have a functioning patient reference group (PRG).

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

Inadequate

The practice is rated as inadequate for the care provided to older people. The provider is rated as inadequate for safe, well led and this includes patients in this population group. The practice is rated as requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

Patients over the age of 75 had a named GP who was responsible for the coordination of their care. Home visits were available for older people who were unable to attend the practice. Longer appointments and home visits were available for older people when needed. Health promotional advice and support was given to patients and their carers if appropriate and leaflets were seen at the practice. These included signposting older patients and their carers to support services across the local community. Older patients were offered vaccines such as the flu vaccine each year.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider is rated as inadequate for safe, well led and this includes patients in this population group. The practice is rated as requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available for people when needed. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider is rated as inadequate for safe, well led and this includes patients in this population group. The practice is rated as requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

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

Summary of findings

attendances. Immunisation rates for the standard childhood immunisations were in line with the clinical commissioning group average. 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. However, the premises were not suitable for all families, children and young people because all the GPs' rooms used for patient consultation were on the first floor with only stairs for access. This could mean patients may be delayed for their appointment time while waiting for a room on the ground floor to become available.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people. The provider is rated as inadequate for safe, well led and this includes patients in this population group. The practice is rated as requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice offered extended opening hours for appointments from Monday to Friday. Appointments were available until 7pm on Mondays, 7am to 7pm on Tuesday and Wednesday and 8.30am to 6.30pm on Thursday and Fridays. Health promotion advice was offered but there was limited accessible health promotion material available through the practice. The practice offered a range of health promotion and screening which reflected the needs for this patient population group. However, the practice had achieved only 46% NHS health checks for 40-75 year old patients. The practice was working to redress this.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider is rated as inadequate for safe, well led and this includes patients in this population group. The practice is rated as requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice had carried out annual health checks for people with a learning disability. The practice had a system in place for people with learning disabilities who did not attend for their annual health check. The nurse informed the member of the administration team who arranged these appointments and a further appointment was made.

Summary of findings

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for safe, well led and this includes patients in this population group. The practice is rated as requires improvement for providing effective, caring and responsive services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia. It carried out advance care planning for patients with dementia.

The practice told us that they told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

We spoke with eight patients during our inspection. Two patients told us they had been able to get routine appointments, the remaining six reported difficulties getting an appointment. Patients reported difficulty in getting through to the practice by telephone to make an appointment. Two patients stated they walked to the surgery to make the same day appointment as it was quicker than getting through on the phone. One patient with limited mobility that needed to see a GP on the ground floor stated they could wait up to 30 minutes past their appointment time before being seen.

One patient spoken with stated they used to voice concerns through the patient reference group (PRG). This patient was under the impression that the PRG had been discontinued. PRGs are a way in which patients and GP surgeries can work together to improve the quality of the service.

We collected six Care Quality Commission comment cards from a box left in the practice a week before our inspection. Four of the comments on the cards were positive about the care and treatment received at the practice, but two of the comments on the cards raised concerns at the availability of appointments. The NHS England GP survey 2014 also identified concerns in appointment availability.

Areas for improvement

Action the service MUST take to improve

- Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors to the premises.
- Seek and act on feedback from patients, for the purposes of continually evaluating and improving services.
- Ensure recruitment procedures are established and operated effectively to confirm that people employed are suitable for the role for which they are employed.
- Assess, monitor and improve the quality and safety of the service provided by putting in place processes for sharing and learning from significant events and complaints with all staff.
- Ensure the infection control lead has appropriate knowledge and skills to undertake the role.
- Take action to ensure the consultation room is appropriately located to allow patients with mobility limitations to have access to timely appointments.

Action the service SHOULD take to improve

• The practice should ensure that all staff are aware of and adhere to policies produced by the practice, for example the prescription security policy.

The Stansted Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The team included a CQC lead inspector, a GP specialist advisor, a practice manager specialist advisor and a practice nurse specialist advisor.

Background to The Stansted Surgery

The Stansted Surgery Practice provides primary medical services from 8.00am to 7pm on Mondays, 7am to 7pm on Tuesday and Wednesday and 8.00am to 6.30pm on Thursday and Fridays. The practice provides medical services to approximately 9,000 patients living in the Stansted area.

The practice has a team of three GPs, one female and two male meeting patients' needs. The GPs are partners meaning they hold managerial and financial responsibility for the practice. In addition, there are two primary care practitioners, two practice nurses and two healthcare assistants. The practice also employs a practice manager, deputy practice manager, medical secretaries and a team of reception and administration staff.

The practice informed us they were experiencing significant recruitment issues; they currently have vacancies for a half time GP and a Nurse Practitioner. They are actively recruiting for both posts. At the time of the inspection they were using both locum GP's and nurse practitioners to help address the demand for appointments.

Patients using the practice also have access to community staff including the community matron, district nurses, community psychiatric nurses, health visitors, counsellors, support workers, health visitors and midwives.

Routine appointments are available daily and may be booked up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

The practice provides services to a diverse population age group, in a semi-rural location.

Outside of practice opening hours a service is provided by another health care provider by patients dialling the national 111 service. The Partnership of East London Co-operatives ltd (PELC) provides the out-of-hours GP services based at the community clinic in Dunmow Essex.

Why we carried out this inspection

We inspected this service as part of our 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. This 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.

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.

Detailed findings

How we carried out this inspection

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)

Before inspecting, 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 inspection on 14 April 2015. During our inspection we spoke with a range of staff including three GPs, primary care practitioners, practice nurses, health care assistants, reception and administrative staff, the practice manager and deputy practice manager. We spoke with patients who used the service. We reviewed six comment cards where patients and members of the public shared their views and experiences of the service.

We looked at records and documents in relation to staff training and recruitment. We conducted a tour of the premises and looked at records in relation to the safe maintenance of premises, facilities and equipment.

Inadequate

Are services safe?

Our findings

Safe track record Systems and processes to identify risks and improve patient safety were in place but not robust. Not all practice staff were aware of how to report safety incidents and near misses that occurred. We did not see evidence that the practice used local information to identify risks and improve patient safety. We asked to see how improvements from local intelligence was utilised and were told they did not have any examples. We saw from the complaints we viewed no learning outcomes or changes to practice had been implemented. We also noted that two of these complaints should have been raised as clinical significant events but had not been.

We asked to see how the practice monitored their safety. We were told there were no safety records, incident reports or minutes of meetings where risks were discussed and none were made available to us on the day of the inspection. We were told these meetings occurred in an informal way and minutes were not taken. This demonstrated that the practice did not have effective systems in place to enable regular assessment and monitoring of the quality of the services provided to protect patients and others against the risks of inappropriate or unsafe care and treatment.

Learning and improvement from safety incidents The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We discussed the reporting process with staff during the inspection. Not all staff, including receptionists, administrators and nursing staff we spoke with were aware of how or when to raise an issue and they did not feel encouraged to do so.

Records of significant events that had occurred during the last year were made available to us. We viewed seven significant event investigations. We noted that none were identified as clinical only operational and human error; some actions had been identified and learning from these outcomes was only discussed at the partners meetings. We did identify clinical significant events when we viewed the complaints but these had not been identified or investigated as significant events. The practice was unable to demonstrate that learning from incidents had been shared with all appropriate staff groups as staff we spoke with were not aware of any learning outcomes of incidents identified. Staff we spoke with told us that the investigation was kept between the investigator and the person/persons being involved in the investigation. We asked about evidence of learning from complaints and sharing this across the whole team/others, and were told there was none.

We were told that the practice did not have formal team meetings and the informal meetings staff had were never minuted. The members of the nursing team we spoke with told us they had had frequent nursing meetings but no clinical or managerial input was offered. These meetings had minutes recorded and we saw actions were identified. Evidence of effective dissemination of shared learning amongst the whole practice was inadequate.

National patient safety alerts were disseminated by the practice manager and were put onto the practice intranet and circulated to all staff. Actions from alerts were recorded on this system and we saw evidence of this. GPs and nurses we spoke with were able to give examples of recent alerts that were relevant to the area of practice they were responsible for.

Reliable safety systems and processes including safeguarding The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that most of the staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours.

The practice had a designated lead GP for safeguarding children and safeguarding adults. All of the GPs working in the practice had been trained to level 3 for safeguarding children. We saw the practice had both safeguarding adults and children policies.

A chaperone poster was displayed on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing staff, including health care assistants, acted as chaperones. Reception staff also acted as a chaperone if nursing staff were not available. However

receptionists had not been trained for this role and did not know where to stand/observe the patient when acting as a chaperone. Also these roles had not been assessed to determine if a check through the Disclosure and Barring Service was needed.

Medicines management The nurses and the health care assistant administered vaccines using either a patient group direction or a patient specific direction that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. Members of the nursing staff were qualified as independent prescribers, they told us they received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which she prescribed.

We checked medicines and vaccinations stored in the treatment rooms and medicine refrigerators and found they were stored appropriately and were within their expiry date. Some medicines and vaccines are required to be stored at specific temperatures in refrigerators to ensure their effectiveness. Staff were aware of the need to maintain these temperatures and records were kept of regular checks of the fridge temperature. This provided assurance that the vaccines were stored within the recommended temperature ranges and were safe and effective to use. A pharmacist from the local Clinical Commissioning Group was attached to the practice and assisted them to monitor and review their medicine management systems.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

We saw that prescriptions were reviewed and signed by a GP before they were given to the patient. Staff told us blank prescription forms were held securely. However blank prescriptions pads were not signed out or accounted for when GPs took them. The practice had a prescribing protocol on their intranet, but discussion with the staff about the process identified that they were not aware of this, and discussion with staff identified they were not following the correct procedure. Staff told us they did not maintain any logs to demonstrate that all prescription pads could be accounted for.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the correct destruction of controlled drugs.

Cleanliness and infection control We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control, however they had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. Training records viewed showed staff received induction training about infection control specific to their role but had not received annual updates. We saw evidence that the lead had carried out audits for each of the last two years but improvements identified for action had not been completed. When asked the practice was unable to demonstrate how infection control audit actions were discussed and understood by staff. An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Inadequate

Are services safe?

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We asked when the legionella risk assessment had been undertaken and were told the practice had never completed one.

Equipment Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. The practice manager told us that equipment was calibrated and tested for electrical safety and displayed stickers which confirmed that dates this had been undertaken. They confirmed that the calibration had taken place very recently and they were awaiting the certificate for this. We saw a certificate which confirmed that electrical safety testing had been undertaken and was next due on September 2015.

Staffing and recruitment The practice had a recruitment policy which had been reviewed in February 2015. We viewed nine staff files and saw that the policy had not been followed in eight of them. The practice manager told us two of the practice nurses, both employed prior to the practice's CQC registration and all the administration staff had not had a criminal records check undertaken through the Disclosure and Barring Service (DBS) check. No reason was given as to why the checks had not been undertaken and no risk assessment had been done to mitigate any risk.

Records we looked at were not complete and did not contain evidence that appropriate recruitment checks had been undertaken prior to employment. Of the nine sets of recruitment files were viewed, only one file held all the information required. For example, the practice manager said she was relatively new to post and had not yet checked these records. She assured us that the DBS checks would be requested the following day and she would work on bringing all staff files in line with required legislation.

Monitoring safety and responding to risk We were not assured the practice had robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice manager told us the health and safety documents were kept on the practice intranet. Documents we viewed were generic and we concluded that the document was general health and safety guidance, not specific to the practice.

There were annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements relating to fire safety were not robust. An external expert had performed a fire risk assessment in 2013 and we noted that not all their recommendations had been implemented. When asked the practice was unable to demonstrate actions to mitigate the risks identified. Staff told us they had received fire safety training and a fire drill had been carried out in October 2014. However there were no Personal Emergency Evacuation Plans (PEEPs) identified for employees and regular visitors.

Arrangements to deal with emergencies and major incidents Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis (anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death). Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that might impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. GPs and nurses spoken with stated they had meetings but these were not minuted. Nurses told us they would discuss with each other new or changing guidelines and see what changes were to be made in their area. GPs also met to discuss changing guidelines but we did not see any clinical collaboration across the clinical teams. Some staff we spoke with said they occasionally found it difficult to seek advice from GPs as they felt this was not encouraged/ expected.

National data showed that the practice was in line with referral rates to secondary and other community care services for all chronic health conditions. The GPs we spoke with used national standards for the referral of patients, with suspected cancers referred and seen within two weeks.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs and nurse showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient' age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people The practice did not have an effective system in place for completing clinical audit cycles. We were given evidence of two audits that took place over 18 months ago. Only the first cycle had been completed in both audits and the practice was unable to demonstrate any changes resulting since the audit. Therefore, the practice had not sufficiently reviewed the care and treatment provided by the team and considered ways to improve it.

Staff we spoke with on the day of the inspection were not aware or actively involved in how the practice monitored and implemented improvements of patients' outcomes. The practice manager and GPs informed us there was no schedule for clinical audits. Medicines management audits/reviews were conducted by the pharmacist from the local Clinical Commissioning Group. We were told these audits were discussed with the GPs. We asked to see the recent minutes of these discussions but the practice could not show us any minutes of these meetings to confirm this.

The practice followed the gold standards framework for end of life care. It had a palliative care register, minutes of these meetings were available for us to view. However they did not detail discussion for each patient on the register; nor did they reflect the outcomes from the meeting or the impact on patient care and treatment. We discussed this with one of the GP partners and they informed us the outcomes were put directly into the patients records.

The practice participated in local benchmarking run by the Clinical Commissioning Group (CCG). This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were below other services in the area. For example information provided by the CCG showed the practice had performed below the local average in reducing emergency cancer admissions into hospital. Patients with long term conditions could request longer appointments and home visits were available for people when needed. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Effective staffing We looked at training records of practice staffing including medical, nursing, managerial and administrative staff. We reviewed eight staff training records and saw that all staff were up to date with attending courses such as annual basic life support. Some staff had not received chaperone training. We found that staff were aware of the role of the chaperone but did not fully understand where to stand in the consultation room when they were asked to perform the role. It is important for the protection of patients and the person carrying out the consultation, that the chaperone observes the procedures taking place. There was a good skill mix among the doctors with all three GPs having additional diplomas in clinical specialities for example, diabetic care and minor surgery. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment

Requires improvement

Are services effective?

(for example, treatment is effective)

called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The GPs and nurses undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with administration staff highlighted a gap in appraisals over the past year however we saw notes and dates to evidence these were to take place in the near future.

Practice nurses and primary care practitioners were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. Examples of their training and qualifications included chronic pulmonary obstructive disorder, diabetes, gynaecology, asthma, hypertension and stroke management. The nurses were up to date with their yearly continuing professional development requirements.

Working with colleagues and other services The practice worked with other service providers to meet patients' needs and support those patients with complex needs. It 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 both electronically and by post. Patients received clinical assessment from the GP and then patient records were updated.

We were told the practice held monthly multidisciplinary team meetings to discuss patients with complex needs, such as those with end of life care needs, long-term conditions or at risk of their health deteriorating rapidly. We were told by GPs that care and treatment plans were put in place to manage their condition and to reduce the risk of unnecessary hospital admissions. We asked to see the minutes and they confirmed the meetings were well attended by district nurses, social workers, palliative care nurses and occasionally other professional that could provide support for this group of patients.

Information sharing The practice had systems in place to provide staff with the information they needed to carry out their roles and responsibilities. An electronic patient record was used by all staff to coordinate, document and manage patients' care. We were told by staff they were trained to use the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. There was a protocol in place to review emails from the out of hours provider and also for hospital discharge and A&E attendance. We found that information was being shared appropriately between other health care providers and the practice in relation to their patients.

Discharges from out-patients or referrals with no further action identified were scanned onto the patient's records and then forwarded to the named GP for action and coding and then the GP would file them. Staff told us they had no formal training but could ask the GPs for advice; there was no formal clinical oversight or audit to identify and address any errors should the patient needs had not been understood and acted upon appropriately.

Consent to care and treatment GPs and nurses we spoke with were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. A consent policy was in place to support staff and it had been reviewed regularly.

Staff were aware of the different types of consent that could be taken including verbal and written. They were aware of the Gillick competence test and children wishing to attend without a parent or guardian were assessed by a clinical member of staff before care and treatment was given. This is a test used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention The practice did not offer routine health checks to all new patients registering with the practice. The administration team told us any health concerns noted from the new patient questionnaire were highlighted to a GP. The patient would be asked to attend the practice to see a GP. Staff told us about the new patient's registration pack which included a new patient health questionnaire, consent of patient care data information sharing and an opt out request for patients from the NHS Summary Care Record, we saw copies of these packs. Clinical staff told us about the patient consultations where they first met with adults and children and welcomed them to the practice. We were told this was when they discussed with patients their past medical and family histories, medication, lifestyles and any health or work related risk factors.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice identified patients requiring additional support. They kept a register of all patients with a mental health problem and were aware of the numbers that had registered with them. These patients attended appointments for their annual review of their condition and on-going treatment was followed up by the practice. Care plans in place were regularly reviewed. We saw that of the 31 patients who were registered as having a mental health problem at the practice, 27 had received health and medication reviews in the previous 12 months; of the remaining four reminder letters had been sent. Nurses we spoke with told us they undertook these health checks. The practice had registers of patients who had been diagnosed with learning disability, dementia, and long term conditions such as hypertension and diabetes. We spoke with one member of staff who told us there was a nominated person of the administration team who oversaw the registers of patients with long term conditions. Staff used the computerised record system to identify patients who were eligible for healthcare reviews, vaccinations and cervical screening.

Patients eligible for the flu immunisation had been identified and contacted. The practice was below the national average at giving flu vaccinations in 2013/2014; 71% compared to 75% nationally. Posters were displayed advising patients of the date when flu vaccinations were available.

The practice offered a full range of immunisations for children. Of the 16 vaccination requirements eight vaccination groups were below the national average.

The reception and waiting room area contained a range of information in leaflet and poster form to encourage people to live healthier lives. There were leaflets available on smoking cessation, dietary advice and chlamydia screening.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2014. The evidence from this survey showed that compared to national results patients were not completely satisfied with how they were treated. Of those patients that responded to the survey, 92% reported the nurses were good at treating them with care and concern, with 72% of those responding reported the GPs as being good at treating them with care and concern. Ninety six percent responded that the nurses were good or very good at involving them in decisions about their care. Patients spoken with on the day of the inspection stated that when seeing some GPs they felt rushed and were not given time to respond to questions.

Patients completed CQC comment cards to tell us what they thought about the practice. We received six completed cards. Patients said they felt the GPs were friendly and staff were helpful and caring. They said staff treated them with dignity and respect. Patients we spoke with on the day of our inspection told us reception staff were polite and helpful. However, four of the six patient comments concerns related to insufficient consultation time with the GPs or the difficulty they had getting a timely appointment. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private.

Care planning and involvement in decisions about care and treatment We spoke with eight people on the day of the inspection they told us they felt they had been involved in decisions about their care and treatment. They said the nursing staff gave them time to ask questions and responded in a way they could understand, but three patients stated they frequently felt rushed when speaking with the GP and that they could only discuss one problem at each appointment. From the 2014 National GP Patient Survey we saw the proportion of respondents who felt the GPs involved patients in their care and treatment were below the national average the practice scored 57% and the national average was 82%. Some of the completed comment cards we received indicated that patients did not feel there was adequate time for consultations and that they felt rushed.

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 patents this service was available.

Patient/carer support to cope emotionally with care and treatment The patients we spoke with on the day of the inspection and feedback from the CQC comment cards told us staff responded compassionately when they needed help and provided support when required. We saw there was limited patient information on display in the waiting areas about emotional support. When we discussed this with the GPs they informed us they gave out leaflets during consultation ensuring they gave the most appropriate support information tailored the patient/ carers' needs.

There was a register of patients that were receiving specialist end of life treatment and regular contact with the district nurses. There were monthly care meetings which involved GPs, Macmillan nurses and other healthcare professions to ensure coordinated care was delivered.

A GP told us that when a family suffered a bereavement, this was followed up by the practice, with either a visit or telephone call depending upon the circumstances. There was a notice in the waiting area advising patients of bereavement services available.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GP told us they attended a quarterly meeting organised by the NHS England Area Team and Clinical Commissioning Group (CCG). This provided them with the opportunity to discuss local needs and service improvements that needed to be prioritised. This would confirm discussions and actions agreed at the meeting to implement service improvements and manage delivery challenges to this practice population had been instigated.

Staff told us patients could request to see a GP of their choice and this was accommodated where possible. However patients told us it was quite difficult to get an appointment with the GP of their choice but they could always access an appointment with one of the locum GPs. Home visits were available for older people, those with long term conditions and those with limited mobility. Telephone consultations took place when appropriate and time was allocated to these each day so all patients received a call back. Patient appointments were for 10 minutes duration. The practice could offer longer appointments but patients spoken with on the day were not aware of this.

The practice did not have a suggestion box for patients and they did not do any of their own patient surveys. One patient out of the eight we spoke with said they felt patients were not listened to or encouraged to put forward suggestions for improvement.

Tackling inequity and promoting equality The practice understood and responded to the different needs of patients from different ethnic backgrounds and those who might be vulnerable due to social or economic circumstances. The practice manager told us that the majority of patients were English speaking and that they had very few patients from ethnic minority communities. The practice staff had access to online and telephone translation services if required. Patients who needed extra support because of their complex needs were not allocated a longer time for their appointments.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

The premises had not been utilised appropriately to meet the needs of patients with limited mobility, disabilities or parents with young children. The practice's services for patients were situated two floors. The nurses' rooms were on the ground floor, and the GPs' and primary care practitioner were on the first floor. The building did not have a lift and access to the first floor was by stairs only. We were told by a receptionist that if a patient, who could not use the stairs, needed to be seen by a GP they would electronically flag the appointment to identify that the GP needed to see the patient on the ground floor. However this appointment slot was not identified in any rooms on the ground floor which meant the patient and GP would have to wait for the room to be free. We were told that patients could wait up to half an hour for the room and then there was also an impact on the appointment schedule on the ground floor.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service Appointments were available from 8.30 am to 7pm on Mondays, 7am to 7pm on Tuesday and Wednesday and 8.30am to 6.30pm on Thursday and Fridays. Information was available to patients about appointments in the practice leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Some patients we spoke with said they experienced unacceptable waits for some appointments. Concerns were identified on the CQC comment cards and of the eight patients we spoke with on the day of the inspection six patients voiced dissatisfaction. They stated it was not easy to obtain an appointment and that they had experienced difficulty in getting through on the telephone. Two patients

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

said they would walk to the surgery in the morning to make the appointment because they could not get through on the phone. Patient dissatisfaction with the system was reflected in the data from the national GP survey 2014;

- 43% of patients reported gave a positive answer when asked how easy it was to get through on the phone (national average 77%)
- 53% of patients said they were very satisfied or satisfied with their GP practice opening hours (national average 79%).

We asked the practice manager and GPs about access. They were aware of the poor results of the GP National Survey regarding access. At the start of the inspection the practice manager had identified this issue and we were shown some actions that had been put in place. For example they told us they had reviewed and restructured the appointment system by increasing the number of GP appointment slots. The practice manager told us that improvements were being made but the practice was unable to provide evidence of impact of these changes as they were recent and review was to take place in the near future.

Listening and learning from concerns and complaints

The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints. Details about the complaints process were included in the practice booklet to help patients understand the system. These did not include where to go if the patient was not satisfied with the response received from the practice. However this was detailed on the patient complaint form and leaflet; this leaflet was only available if asked for at reception.

Patients we spoke with were not aware of the process to follow if they wished to make a complaint. Three of the patients we spoke with told us they would feel uncomfortable about making a complaint to the practice manager.

We saw that seven complaints had been recorded by the practice during 2014/2015. We looked at three complaints received in the last 12 months and found these had been investigated and necessary and proportionate action had been taken. However the clinical complaints had not been investigated as a clinical significant event. Therefore patients could not be assured sufficient clinical scrutiny had been conducted of their complaint. There was no system in place to analyse and learn from complaints received in the practice. The practice was unable to show that complaints were discussed, analysed and lessons learnt.

Staff spoken with were not able to give examples of any lessons learnt from complaints and could not confirm if these were discussed at the practice meetings.

Are services well-led?

Inadequate

(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 vision to deliver high quality care and promote good outcomes for patients. We were shown details of the vision and practice values were part of the practice's strategy and five year business plan. However staff spoken with on the day of our inspection were unaware of it. Several of the staff identified a lack of clinical leadership to support them to achieve their goals. Some staff we spoke with told us that their daily aim was to provide a good service for patients, whilst others described a task orientated approach where the key objective was a speedy delivery of the service.

Governance arrangements The governance arrangements were ineffective. There was no monitoring of performance and no defined system for clinical audit to improve the quality of service. There were policies and procedures for some aspects of the service; however the practice did not demonstrate they were following these effectively. For example, there was a policy for repeat prescribing but the member of staff doing that role was unaware of it and was not following the correct procedure.

There was a risk to health and safety of the patients and staff. A fire risk assessment had been carried out in 2013 and some actions had been implemented, for example a wireless linked fire alarm had been installed. However there was no record of any checks the fire systems were working or evacuations drills taken place. The practice had not had a Legionella risk assessment done for the building.

Named members of staff held lead roles. For example, there was a lead nurse for infection control and one of the GPs was the lead for safeguarding. We spoke with 19 members of staff and they were all clear about their own roles and responsibilities. Most staff told us they felt valued, well supported and knew who to go to in the practice with any concerns, however there were some staff who voiced concerns about their support and lack of training. Some staff did not understand how their role contributed to achieving the practice's future strategy.

The practice did have arrangements for identifying, recording and managing risks. However only heads of department meetings took place within the practice and minutes were not made available for all staff, this meant that those not in attendance would not have access to the details of the meeting. The practice could not demonstrate that risks had been discussed at practice level. We discussed this with the practice manager who confirmed that only head of department meetings were held and not all staff were routinely invited. Trained non-clinical staff were coding patients' records without an effective system in place to do this, there was no oversight by a clinician. Correct coding of patient data is an integral part of good clinical governance and an essential part of clinical risk management. It must be accurate, informative and relevant. Incorrect coding might lead to incorrect data which has the potential to seriously compromise patient safety and important data sharing with other agencies, within the terms of the Data Protection Act.

Leadership, openness and transparency Some staff we spoke with did not feel that there was effective clinical leadership at the practice, due to insufficient support and encouragement to report concerns they had. We found that although there was a leadership structure the practice was not effectively well-led. Quality and safety were not a priority for leadership. The practice manager was not able to supply some of the documents, that we would reasonably expect a practice to have for the efficient running of the practice, requested as part of this inspection.

The practice did hold some staff meetings, but they were within their clinical groups. We saw some notes of the nurses meeting in February 2015 and noted that staff groups had individual meetings but did not then meet as a whole team. We were told there were GP clinical meetings every two weeks, and practice manager and GP business meetings every two weeks, minutes of these meetings were made available; however there was no formal meeting structure for the administration team. We saw one example of minutes of the nurses meeting held in February 2015 and one set of minutes for the head of department meetings. These minutes did not contain a list of attendees, or document what action was to be taken from items discussed.

Seeking and acting on feedback from patients, public and staff There was minimal engagement with patients who used services, staff or the public in order to gain their views. There were no systems in place to do this. The practice did not have a functioning patient reference group (PRG). A patient reference group is a group of patients registered with a practice who work with the practice to

Are services well-led?

Inadequate

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

improve services and the quality of care. The practice had not conducted its own survey of patients. They did not have any other means of obtaining patients' views such as a suggestion box.

Staff told us that there was a whistleblowing policy and most staff knew where they should go to outside the practice if they felt they could not raise concerns internally. Whistleblowing is the process by which staff can raise concerns they may have about the practice and the conduct of other members of staff. This enables concerns raised to be investigated and acted on to help safeguard patients from potentially unsafe or inappropriate care.

Management lead through learning and improvement

Nursing staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. However, some administrative staff told us they did not receive regular supervision or an opportunity to raise concerns and/or discuss their development needs.

We looked at nine staff files and saw that the nurse appraisals took place which included a personal development plan; however some administrative staff did not have any records of an appraisal history. We discussed this with the practice manager and they informed and showed us that dates had been set for all staff to receive appraisals this year.

There was minimal evidence of learning and reflective practice. The practice had not completed reviews of significant events and other incidents. The practice did not hold whole practice meetings; therefore we were not assured that there was a forum to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment There were no health and safety risk assessments for fire evacuation. Patients needing to be seen on the ground floor due to mobility restrictions often had to wait longer than patients able to use the stairs. Premises and equipment, Regulation 15(1)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients were not able to discuss more than one ailment per appointment. This increased risks to the health of patients receiving treatment. In accordance with the Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance; appendix D the designated infection prevention and control lead person did not have the appropriate knowledge (training) and skills to take on this role. Safe care and treatment: Regulation 12(2)(a)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Appropriate recruitment checks on staff had not been undertaken prior to their employment Fit and proper person: Regulation 19(3)(a)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Complaints had been responded to but no learning from cause or themes was taking place. Arrangements for identifying, recording and managing risk were not robust. There was no evidence that the practice evaluates or improves their practice in respect of processing all the information referred to in sub paragraphs (a) to (e). Feedback was not being proactively sought from staff or patients. Good Governance 17(2)(a)(b)(d)(e)(f)