

# Sternhall Lane Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sternhall Lane Surgery on 9 August 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and systems in place for reporting and recording significant events. However learning from some events was not clear or shared effectively.
- Some risks to patients were assessed and well managed though the practice had not complied with the recommendations in their fire and legionella risk assessment and the infection control issues identified in their latest infection control audits had not all been acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, the practice employed GP

locums for 13 of the 22 sessions offered to GP practice patients. Staff told us that this impacted on continuity of care and that there was a high administrative burden for the two of the permanent GPs as a result of lack of adequate permanent staff.

- 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. Improvements were made to the quality of care as a result of complaints and concerns though responses did not contain information of external agencies patients could contact if they were dissatisfied with the practice's response.
- As a result of the lack of permanent staffing, patients said they did not find it easy to make an appointment with a named GP and there was a lack of continuity of care. The practice did offer urgent same day appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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; though the practice did not keep records of action taken in response to patient safety alerts.

The areas where the provider **must** make improvement are:

- Ensure that all staff complete role appropriate training in accordance with current guidelines.
- Review practice emergency arrangement to ensure that all equipment is in date and regularly serviced.
- Ensure that action is taken to mitigate risks associated with fire, infection control and legionella.
- Ensure that systems and processes used to manage significant events and patient safety alerts operate effectively; recording action taken in response to patient safety alerts and involving all staff in discussion and learning from significant events.
- Ensure that there are sufficient numbers of staff to provide patients with continuity of care and reduce the administrative burden on existing permanent clinical staff.

The areas where the provider **should** make improvement are:

- Improve the mechanisms for identifying those patients with caring responsibilities. Review QOF domains where exception reporting is high and consider strategies to improve patient outcomes by reducing exception reporting in these areas.
- Advertise translation services in the practice waiting area.
- Review vaccine monitoring failsafe systems.
- Ensure that appropriate information regarding the recruitment of staff is retained.
- Consider a system of internal appraisal for salaried GP staff.
- Consider drafting a practice specific business plan which is regularly reviewed monitored and updated.
- Hold regular clinical meetings and document minutes from all multidisciplinary meetings.

**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. However it appeared that lessons were not always shared to ensure action was taken to improve safety.
- Though we saw evidence that the practice were conducting searches of patient records for those who were potentially affected by patient safety alerts the practice had not recorded action taken in response and alerts after 2014 were not centrally stored so that they could be referred to when required.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed but not always well managed for example the practice had not complied with all of the recommendations in their fire or legionella risk assessment and had not taken corrective action to address issues with infection control.
- Arrangements in place to respond to emergencies were not sufficiently robust. For example the practice's supply of oxygen had not been serviced within the previous 12 months, defibrillator pads had expired, one of the GPs had not received basic life support training and the practice's business continuity plan did not contain contact numbers for all staff.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However the practice had higher exception reporting rates in several aspects of care.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Neither of the two completed two cycle clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment, though mandatory training had not been completed by all staff.
- There was evidence of appraisals and personal development plans for non-clinical staff but none of the GPs had received an internal appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## 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 comparable to local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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. For example the practice was providing support for three nursing homes, a drug rehabilitation facility and accommodation which supported asylum seekers as part of their enhanced service provision.
- Patients said that they sometimes found it difficult to make an appointment with a named GP and there was a lack of continuity of care. Staff said that this was due to a lack of permanent staffing.
- 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 though one response did not include information about external agencies that patients could contact in the event that they were unhappy with the practice's response. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

- Working patients could upload their symptoms on a web template which would be reviewed by a clinician within 24 hours as an alternative to attending the surgery in person.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients though was limited by a lack of permanent staffing.
- 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. However, staff said that clinical meetings were infrequent due to lack of time caused by staffing shortages.
- There was an overarching governance framework which supported the delivery of the practice's strategy. However there was limited quality improvement work and risks were not always addressed including those associated with infection control and fire safety.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff; though there was no record of action taken in response to safety alerts.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held ten GP sessions per week across the three local residential nursing homes. These homes had dedicated GPs who ensured continuity of care for these patients.
- A member of the practice team was also trained to undertake phlebotomy and held a weekly clinic dedicated to patients over 60.

**Requires improvement**



### People with long term conditions

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

- The senior practice nurse ran weekly clinics for patients with Chronic Obstructive Pulmonary Disease (COPD) and diabetes. Patients with chronic conditions at risk of hospital admission were identified as a priority.
- Performance in respect of the management of diabetic patients was in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held virtual clinics where complex chronic disease patients would be reviewed and their care optimised with the support of specialists from secondary care.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations and all one year olds received a birthday card with a fridge magnet which detailed the schedule of immunisations.
- The number of women who had received a cervical screening test was comparable to local and national averages. The practice told us they would run smear clinics on Saturdays to accommodate working people.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice held a walk in baby clinic every Wednesday with the support of a local health visitor.

Requires improvement



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible though some patients raised concerns around a lack of continuity of care due to permanent staffing shortages.
- 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.
- Working patients could upload their symptoms on a web template which would be reviewed by a clinician within 24 hours as an alternative to attending the surgery in person.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice supported a drug rehabilitation service and hosted a drug counsellor who would attend the practice once every fortnight.
- The practice supported a local asylum seeker hostel and held three sessions there per week.

Requires improvement



## People experiencing poor mental health (including people with dementia)

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

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local average.
- Performance in respect of the management of mental health patients was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Though minutes of multidisciplinary meetings held to discuss patients in care homes were not recorded.
- 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.

Requires improvement



# Summary of findings

- 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 were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and eleven survey forms were distributed and 98 were returned. This represented 2% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards of which 22 were exclusively positive about the standard of care received. The four comment cards that expressed negative feedback related to the lack of GPs and late running of appointments. Four comment cards provided mixed feedback stating that while the quality of care was good, there were not enough GPs.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However some did mention difficulties in getting an appointment and a lack of continuity of care as result of a high number of sessions being staffed by locum GPs.

# Sternhall Lane Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an expert by experience.

## Background to Sternhall Lane Surgery

Sternhall Lane Surgery is part of Southwark Clinical Commissioning Group and serves approximately 5287 patients. The practice is registered with the CQC for the following regulated activities Surgical procedures; Family Planning; Maternity and Midwifery Services; Treatment of Disease, Disorder or Injury; Diagnostic and Screening Procedures.

The practice population has a slightly higher proportion of patients aged over 85 on their register and higher numbers of working age people compared to the national average. The practice is located in an area which ranks within the third most deprived decile on the Index of Multiple Deprivation. The practice has almost three times the level of unemployment compared to the national average and lower levels of employment compared with local and national averages.

The practice is run by The Hurley Clinic Partnership. The practice looks after three care homes and has four GPs of mixed gender who provide eight clinical and two on call sessions to these homes each week. One GP undertakes three GP sessions at a local refugee centre each week and one session within the practice. One of the GPs who undertakes one session per week at a local detox facility. The practice's other patients are cared for by two GPs a

practice nurse and a healthcare assistant. The practice offers 22 sessions for these patients per week. Nine of these sessions are provided by permanent staff and 13 are provided by locums.

The practice is open between 8am and 6.30 pm Monday to Friday with the exception of Thursday when the practice opens from 7am. The practice offers booked and emergency appointments five days per week.

Sternhall Lane Surgery operates from a converted residential property which is sublet from the previous occupier of the GP practice who leases the premises from Southwark Council. The practice said that they were having difficulty determining who was responsible for building maintenance and upkeep and it was not clear if it was the Hurley Group or the previous GP who owned the practice who was responsible. The surgery is accessible to those with mobility problems.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Alcohol, Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Minor Surgery, Patient Participation, Remote Care Monitoring, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is a member of GP federation Southwark Independent Health Limited.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff (GPs, a nurse, reception and administrative staff and practice management) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. However there was limited evidence of discussion around events in practice meetings and learning from events was not always clear.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events though not all of these appeared to have been discussed in practice meetings. There was also one incident we reviewed where not all staff were aware of the learning outcome. The incident concerned a patient who had become violent. The account of the learning from this incident differed between staff we spoke to. The practice manager told us that staff were discouraged from getting involved when patients became violent but one staff member we spoke with told us that the learning point was that staff should attempt to deescalate the situation and avoid involving outside agencies like the police.

The practice manager told us that they received patient safety alerts and that these would be sent to the two permanent GPs who would undertake a review and then instruct the practice manager to search for patients who were affected. We were told that action would then be taken to ensure that patients were kept safe. We saw evidence of the searches that the practice had done of patients that could have been potentially affected by a recent alert but there was no record of the action taken in

response to alerts. The practice told us that a computer virus had caused a loss of data including alerts from 2014/15. However there were no alerts archived or documented actions for any 2016 safety alerts.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safeguarded from abuse though issues around infection control did not always keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Regular meetings were held with the local health visitor and staff always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and all other staff had received the appropriate level of training for their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene in the majority of areas. Some of the curtains in treatment and consulting rooms had not been changed within the last six months though all appeared to be clean. Chairs within the reception area were damaged exposing permeable fabric but we were told that these would soon be replaced. The practice nurse was the infection control clinical lead. We saw no evidence of infection control training for the practice nurse or one of the GPs however evidence was provided after the inspection that this had been completed by the nurse later that evening. There was an infection control protocol in place. Annual infection control audits were undertaken however there were some actions that had not been completed including replacing the damaged

## Are services safe?

chairs in the waiting area and addressing infection control concerns in the cleaner's cupboard. We also found that the roof was leaking in both the practice managers' office and that there was water damage from a leak in the practice waiting area. We were told that there were continuing discussion between The Hurley Group and GP who previously occupied the practice as to who should undertake the repairs.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always ensure effective management and that patients were kept safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were provided with two prescribing audits but neither demonstrated improvement in performance. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (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) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had four fridges that contained vaccines. Two of these fridges had a second failsafe thermometer but two did not. We were told by the practice nurse on the day of the inspection that they were solely responsible for ordering, receiving and caring for vaccines and we were told that there was no one else who would take on this responsibility when they were on annual leave. The practice manager told us that they took on this responsibility during the nurse's absence.
- We reviewed five personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However the practice had not retained an interview summary or CV for one of the GPs recruited in 2014.

### Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However some of the recommendations in the risk assessments undertaken had not been complied or there was no evidence that required actions had been taken. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessment but had not implemented all of the recommendations. For example there were still combustible items in the stairwell. The practice had recently carried out a fire drill though we were told that patients were not involved in this. We found that one of the GPs had not completed fire safety training. 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The assessment had recommended that periodic checks of water temperature be undertaken. We were told by the practice manager that these were being completed though there was no documented log kept of these checks.
- 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. Staffing was split between those who looked after the general practice population and those who catered specifically to nursing and residential accommodation and accommodation for asylum seekers. The practice were currently covering 13 GP sessions per week with locum GPs. We were told by staff that the average list size per whole time equivalent GP was 2500 patients and that two more permanent GPs were needed. We were told by a member of the clinical staff that locums were all employed through the Hurley's banking staff service but that these locums were often different which adversely impacted on continuity of patient care. The permanent GPs who dealt with the general practice list were responsible for reviewing and actioning all

## Are services safe?

correspondence coming into the practice but only worked part time on Monday and Thursday. Staff told us that the administrative burden was high due to the number of patients with complex conditions including those within care homes. Most of the staff we spoke with told us that there were insufficient GP sessions to meet demand and that efficiency in reception was compromised by the high staff turnover. We were told that The Hurley Group was actively recruiting for a new salaried GPs but had found it difficult due to national shortages of GPs and the desirability of the area. We were provided with an advert which indicated that they were in the process of trying to recruit new GPs.

### Arrangements to deal with emergencies and major incidents

The arrangements used to respond to emergencies and major incidents did not ensure that staff were able to respond effectively in emergency situations.

- 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 though one of the GPs had not undertaken this within the last 12 months. There were emergency medicines available.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. However regular checks of the practice defibrillator were not being completed and the defibrillator pads had expired. Evidence provided showed that replacement pads had been ordered. The practice oxygen servicing certificate had expired in July 2016. 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. The practice did not have a supply of some recommended emergency medicines and had not undertaken a risk assessment of the need for these medications. There was no chlorphenamine (used to treat anaphylaxis or acute angio-oedema), antiemetic (used to treat nausea and vomiting), diclofenac (for pain relief) or rectal diazepam (used in the treatment of epileptic fits). All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage but the plan did not include 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 patients' needs.
- The practice monitored that these guidelines were followed through 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 93% of the total number of points available. The total exception reporting for the practice was 14% compared to 6.6% in the CCG and 9.2% nationally.

The practice had higher exception reporting rates in several areas. For example the practice's exception reporting rate for atrial fibrillation was 31% compared with the CCG average of 10.8% and 11.0% nationally. Exception reporting from Chronic obstructive pulmonary disease was 23.5% compared with the CCG average of 7.8% and 12.3% nationally. The rate of exception reporting for Chronic kidney disease was 25% compared with the CCG average of 6.4% and 7.5% nationally. The rate of exception reporting for depression was 34% compared with 25% locally and nationally. Osteoporosis exception reporting was 100% compared with 10% in the CCG and 12.5% nationally.

The uptake of bowel cancer screening for patients aged between 60-69 within six months of invitation was 30% compared with 39% in the CCG and 55% nationally.

The practice attributed these figures to the fact that their practice population was transient or would leave the country for prolonged periods of time. The practice also

stated that some of these exception reporting rates could have been higher due to the number of patients they look after in care homes which impacted on their ability to undertake spirometry tests for COPD patients. The practice told us that the 100% exception reporting for osteoporosis was because they had no patients on their register with this condition. The high atrial fibrillation exception reporting was caused by the number of patients on their register for whom it was clinically inappropriate to prescribe warfarin.

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

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months was 94% compared with 88% in the CCG and 95% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86% compared to the CCG average of 85% and national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared with CCG average of 85% and national average 88%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 74% compared to the CCG average of 80% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits. One focused on compliance with antibiotic prescribing guidance. The second cycle showed that compliance had deteriorated. The recent loss of three clinical members of staff and replacement of these staff with locum cover was offered as an explanation for this. The second audit focused on the prescribing of pregabalin. It was unclear what impact the action points from the first cycle had on the prescribing of pregabalin in the second cycle. We were also provided with two single cycle audits; one aiming to improve the shared care

# Are services effective?

## (for example, treatment is effective)

agreements of patients on Disease-modifying Antirheumatic Drugs (DMARDs). As a result of the audit the practice had created a code to monitor these patients on their electronic patient record system and had identified two patients prescribed this medication in secondary care who had no protocol in place. The practice attempted to raise this with the consultants at the hospital and were now considering raising this with the CCG. The practice had also completed a first cycle audit which reviewed patients who were being managed under an avoiding unplanned admissions to secondary care pathway. From reviewing these patients the practice identified that there were a high number of patients being admitted due to falls. The practice had passed this information to the CCG who instructed a physiotherapist to look at these patients living conditions to see if adjustments could be made which would reduce the likelihood of falls; for example the position of patients beds or their flooring. Changes were made where appropriate.

- The practice participated in local audits.

### Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment however we identified some staff who had not completed all the requisite mandatory training.

- The practice had an induction programme for all newly appointed staff.
- 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 and mental illness.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussions at practice nurse forums.
- 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 on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating

GPs. Although all GPs had received an external appraisal there was no evidence of any internal appraisal having been completed for any of the GPs. All other staff whose files we reviewed had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However we found that one GPs basic life support training had not been completed within the last 12 months and one of the other GPs had not received fire safety or infection control training. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with palliative care services on a monthly basis and meetings were held with district nursing staff quarterly. We saw evidence that care plans were routinely reviewed and updated for patients with complex needs. We were told that monthly multidisciplinary meetings were held to discuss care home patients with nursing home staff, the pharmacist working with the care home and a consultant but that minutes were not taken as they did not find these to be useful.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- 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.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice would refer patients to their in house dietician or refer them to a local gym to encourage exercise. Patients could be referred to a local support group for smoking cessation advice.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to

offer text message and letter reminders for patients who did not attend for their cervical screening test. The practice would also opportunistically offer screening during consultations. The practice also held regular cervical screening clinics on Saturdays. The practice demonstrated how they encouraged uptake of the screening programme 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. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 91% and five year olds from 91 % to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

Most of the 22 of the 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. Four of the cards contained mixed feedback stating that the quality of care was good but that there were not enough GPs in the practice and four of the cards were negative. Again the negative comments focused on lack of GP appointments and the length of time they had to wait when they attended for their appointment.

We spoke with a member of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

### 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language but there were no notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations though there was no information about local bereavement services. Information about support groups was also available on the practice website

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as

carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. One of the GPs in the practice had participated in a carer support project in conjunction with a carer support charity and had created a questionnaire intended to better identify the needs of carers. This was due to be launched within the locality at the end of August 2016.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation 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 supported a number of services in the CCG and dedicated clinical sessions and staff to focus on providing care and support to these services. For example the practice supported three nursing residential homes catering to approximately 400 people. The practice also held a session at a local detox clinic and provided three sessions per week at a local refugee centre.

- The practice offered extended hours access from 7am on a Thursday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice did not offer travel vaccinations and would refer patient to their nearby sister practice.
- Working patients could upload their symptoms on a web template which would be reviewed by a clinician within 24 hours as an alternative to attending the surgery in person.
- There were disabled facilities, a hearing loop and translation services available. However one of the GPs we spoke with said that the telephone translation service used did not always have translators who spoke all of the African languages spoken by the local population available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Thursday when the practice opened at 7am. The practice also said that they would open on an adhoc basis on Saturdays to do cervical screening and flu vaccinations and childhood

immunisations. 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 patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get emergency appointments when they needed them. However several patients said that in their view there were not enough doctors. Patients reported long waiting times and difficulties getting advanced appointments with a lack of continuity of care. The practice provided 22 sessions to the general practice population. Nine of these sessions were provided by permanent GPs and 13 were provided by locum staff. Staff at the practice told us that there had been an insufficient number of GPs for some time and that the two permanent GPs were tasked with undertaking the administration for all other locum staff. The practice provided an advert indicating that they were currently in the process of recruiting additional GPs.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.

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

- 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 that most of these were satisfactorily handled and responses were openness and transparent. However one response did not contain information about external agencies patients could contact if they were dissatisfied with the practice's response. Lessons were

learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient called to cancel an appointment but was told that this had already been cancelled. The patient asked for more information but the practice was unable to explain when this was cancelled and who had cancelled the appointment. As a result staff were instructed to note the date and time of appointment cancellations and the name of the person cancelling the appointment.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However patients and staff reported that a lack of permanent staff impacted on the ability to provide continuity of care and implement this vision.

- Staff were clearly able to articulate the vision and values of the practice.
- The practice were able to explain the challenges that they faced and the actions that they intended to take in order to address these concerns to enable them to provide high quality care. However there was no documented strategy or supporting business plans which were regularly monitored.

### Governance arrangements

Although there was a clear staffing structure in place and policies were available to all staff, some risks were not well managed and we saw little quality improvement.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Though we saw examples of two completed audits there was no evidence that these had resulted in quality improvement. However we did see two examples of single cycle audits which were aiming to improve care for patients.
- The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective. For example we found that the practice had not complied with the recommendation in their fire and legionella risk assessments and that infection control concerns had not been addressed.

### Leadership and culture

Staff told us the clinicians, practice managers and staff from the Hurley Group were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents, though the practice were not able to supply evidence of action taken in response to patient safety incidents. The clinical and managerial staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and although staff felt supported by management we were told that clinical and whole practice meetings were limited.

- Clinical staff told us that they would have regular operational meetings with clinical staff from the Hurley group but that they rarely had the opportunity to have clinical meetings due to time and resource constraints caused by insufficient staffing.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the clinicians in the practice. Though staff met infrequently all were involved in discussions about how to run and develop the practice, and the clinical staff, the practice manager 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

# Are services well-led?

Requires improvement 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice designated a parking for disabled patients directly outside the practice as a result of the feedback it received from the PPG. The PPG representative also told us that the practice had introduced a cancellation call back list for patients who were unable to get an emergency appointment on the basis of patient feedback and had held a session at the practice where the PPG had assisted elderly patients potting plants.

The practice had gathered feedback from staff through infrequent 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. For example one member of the administrative team had introduced a protocol whereby administrative staff would up load repeat prescription details onto the computer system. This would save the GPs time as they would only have to verify the information uploaded instead of having to manually input the data themselves. Staff told us they felt involved and engaged to improve how the practice was run.

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><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none"><li>• Oxygen was not being serviced annually, some emergency medicines were missing and the need for these medicines had not been risk assessed and pads for the defibrillator had expired.</li><li>• Risks associated with infection control had not been acted upon.</li><li>• Not all staff were aware of the learning points from significant events and learning points were not always adequately documented.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none"><li>• The lack of permanent clinical and reception staff impacted on the provider's ability to provide continuity of care.</li><li>• Not all staff had completed the required mandatory training.</li></ul>

This section is primarily information for the provider

# Requirement notices

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

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

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have effective systems in place to ensure that the regulated activities at Sternhall Lane Surgery were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**How the regulation was not being met:**

- The practice had not acted to address risks identified in their fire or legionella risk assessments.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.