

The Bermuda Practice Partnership

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 The Bermuda Practice Partnership on 5 July 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always thorough enough.
- Not all staff had received training appropriate for their role; this included safeguarding adults and children.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks and the security of blank prescription forms.
- Data showed patient outcomes were low compared to the national average, but there were some areas where information was used to make improvements. For example, the practice completed a review of patients with Chronic Obstructive Pulmonary Disorder (COPD) which is a chronic lung condition. They found

that patients had poor management of their condition and those that did manage it often did not come in for reviews. The practice also identified that patients were often stepped up in their treatment but not stepped down. As a result of the audit the practice reviewed how patients were categorised and created a new category system coded by severity of the condition. A template was designed so that monitoring could be better tracked and records updated accordingly. The practice had also allocated a named doctor and nurse to lead on COPD and to allow for better monitoring of patients with this condition and to review medicines optimisation strategies.

- Clinical audits were carried out, but there was limited evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Information about services was available, the practice were able to access leaflets in other languages via on line translation service.

The areas where the provider must make improvements are:

Summary of findings

- Ensure all staff have received training appropriate to their role.
- Ensure lessons learnt from complaints and significant events are shared consistently with relevant members of staff and outcomes are monitored.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure the process for monitoring the use of prescription forms and pads is safe and effective.
- Ensure emergency medicines are stored away from areas where members of the public can access them.
- Continue to review arrangements for identifying patients who are also carers.
- Continue to review actions taken to improve the care and support for patients' wellbeing including for long term conditions.
- Review arrangements to promote cervical screening uptake.
- Review arrangements for identifying ex-military personnel.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

In addition the provider should:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not always thorough enough and lessons learned were not communicated widely enough to support improvement. Patients always received a verbal and/or a written apology.
- 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.
- Not all staff had received safeguarding children to a level suitable for their role. The practice had regular meetings with the health visitor, school nurses and social services to discuss children at risk.
- Systems for monitoring prescription use and their safe storage were not consistently effective.
- The practice had an “issues to discuss” folder whereby staff could record significant events or difficult cases at weekly clinical meetings.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients with diabetes that had a record of receiving a flu vaccine in the preceding winter was 83% compared to the clinical commissioning group (CCG) average of 95% and national average of 94%. The percentage of patients with known blood pressure whose blood pressure reading was within an acceptable range was 73% compared to the CCG average of 83% and national average of 84%.
- Each clinical room had a reference book which contained current evidence based guidance for staff to assess needs and deliver care in line with this.
- Clinical audits demonstrated quality improvement.
- There was limited evidence that audit was driving improvement in patient outcomes.

Requires improvement



Summary of findings

- Not all staff had completed training required for their role, for example information governance and infection control.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had a lower than national average for national cancer screening programmes. For example, only 59% of eligible patients were screened for breast cancer in the past three years in comparison to the CCG average of 73% and national average of 72%.

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 lower than others for some aspects of care. For example, 73% of patients said the GP gave them enough time compared to the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 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 was available but not everybody would be able to understand or access it. For example, 2% of the practice population were Nepalese but no leaflets or information were available in this language. The practice did have a prompt sheet of Nepalese phrases to assist when these patients came to book an appointment.
- 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 requires improvement for providing responsive services.

- Patients reported that they were able to get an urgent appointment if needed. We spoke with four patients during the inspection and two were concerned that they had to wait for a week for a routine appointment and were not always able to see a GP of their choice. However, information from the GP national Survey and NHS Choices did not align with these views.
- Patients could get information about how to complain in a format they could understand. However, there was limited evidence that learning from complaints had been shared with staff.

Requires improvement



Summary of findings

- The practice did not use pictorial aids to assist understanding for patients with learning disabilities.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. Staff acknowledged that there were barriers in achieving this aim, due to financial constraints, but they had an action plan in place to develop a way forward.
- 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 the governance arrangements had not ensure all systems needed were in place and reviewed. For example the systems did not ensure the correct proedures were followed for recruitment or for monitoring the training needs of staff.
- There were no formal systems in place to ensure the learning from quality improvement activities were shared with all relevant staff.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety, effective, responsive and for well led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged 75 years and older has a named GP.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the people with long term conditions. The provider was rated as requires improvement for safety, effective, responsive and for well led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetic register who had a blood pressure reading within the acceptable range was 67% compared to the clinical commissioning group average of 75% and national average of 78%.
- Longer appointments and home visits were available 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.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety, effective, responsive and for well led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was below average for cervical screening rates. For example, the percentage of eligible female patients who had attended a cervical screening test in the past five years was 72% compared to the clinical commissioning group average of 81% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, attending multi-disciplinary team meetings to discuss children identified as at risk.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety, effective, responsive and for well led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available for patients from 6.30pm to 7.30pm Monday and Tuesday evenings as well as on one Saturday morning per month.
- The practice offered online booking of appointments and prescriptions.
- The practice was contracted by an NHS Trust to provide a vasectomy service. This service had been externally audited.
- The practice had created a prompt sheet in Nepalese of common phrases/reasons why people may attend a GP surgery reception desk to help aid communication in the first instance. However there were not any information leaflets or other media available in Nepalese

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety, effective, responsive and for well led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The practice had identified 78 patients to be on the learning disabilities register. Of the 78 patients 72 received a review by the GP or nurse in the past 12 months.
- 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.
- Not all staff had received training on safeguarding adults and children. Most staff were able to demonstrate an awareness of safeguarding.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people living with dementia). The provider was rated as requires improvement for safety, effective, responsive and for well led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The percentage of patients with a diagnosis of Schizophrenia, Bipolar affective disorder or other psychoses who had a documented agreed care plan was 94% which is comparable to the clinical commissioning group average of 94% and national average of 88%.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

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, 360 survey forms were distributed and 106 were returned which was a response rate of 29%. This represented less than 1% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and 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 CCG average of 78% and the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and 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 nine comment cards which were generally positive about the standard of care received. Some comments raised concerns about waiting a week to get a routine appointment, but staff were always willing to help to meet patients' needs.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, two of patients we spoke to were unhappy about delays in seeing a GP both for booking a routine appointment and when waiting at the surgery.

The Bermuda Practice Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Bermuda Practice Partnership

The Bermuda Practice Partnership is located at Shakespeare Road, Basingstoke, Hampshire, RG24 9DT. The practice is based in Popley which is a suburb of Basingstoke. The practice provides services under an Alternative Provider Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice combined services with the practice that shares the building approximately four years ago but the official merger of the two practices happened in April 2016. The practice is most commonly known to patients as the Bermuda and Marlow practice. The premises is leased through NHS property services.

The practice has a branch surgery in Winklebury, Basingstoke which is open twice a week.

The practice has approximately 13,400 registered patients. The practice population has a slightly higher than average working age population with 70% of patients in paid or full time education in comparison to the national average of

62%. The practice is based in area considered to be of average deprivation. The practice population is predominantly White British. Approximately 2% of the practice population is Nepalese.

The practice has three GP partners and a GP registrar. All three GP partners are male and work full time. The GPs are supported by a nursing team consisting of three advanced nurse practitioners, four practice nurses, a research nurse and a nurse dedicated to the travel clinic which equates to approximately 6.5 full time nurses. The practice also has a health care assistant. The clinical team are supported by a management team including a practice manager, patient services manager, secretarial and reception/administrative staff. The practice has recently become a training practice for qualified doctors training to become GPs.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on a pre-bookable basis from 8am to 11am on one Saturday per month and on Monday and Tuesday evenings until 7.30pm. Morning appointments with a GP are available between 8:30am and 11am daily. Afternoon appointments with a GP are available from 3pm to 5pm daily.

The Bermuda Practice Partnership have opted out of providing out-of-hours services to their own patients and patients are requested to contact the out of hours GP via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting prescriptions.

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 5 July 2016. During our visit we:

- Spoke with a range of staff including, GPs, nursing and administrative staff and the practice manager. We also 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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence of two significant event reviews where changes to procedures were made following a review of the event. For example, there was a delay by the practice in referring a patient to specialist secondary care and a delay in their appointment with a specialist clinic. Upon review the practice identified that referral processes needed to be improved. The practice updated files with the most recent NICE guidelines for referrals for oral cancer and discussed the case in detail at the practice's 2% risk meeting.

The practice kept a log of significant events that had occurred. Nine of these events over the past 12 months had been recorded as discussed at clinical meetings. Significant events were a standing agenda item at weekly clinical meetings. We reviewed meeting minutes from a significant events review meeting in December 2015. There was limited information to demonstrate that learning was routinely shared with relevant staff and outcomes were monitored.

Overview of safety systems and processes

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

- 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff were usually able to demonstrate they understood their responsibilities. One member of staff was unclear on identifying safeguarding concerns and what actions they would take. Training records showed that staff had received training on safeguarding children and vulnerable adults relevant to their role. We found that GPs were trained to child protection or child safeguarding level three. The advanced nurse practitioners had been trained to level three and one to level two. Two of the three practice nurses had a record of receiving safeguarding children training at level two. However we found that two practice nurses did not have a record of training on safeguarding children.
- The records showed that 17 out of 25 members of staff had not received training on safeguarding adults.
- 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. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place which stated that all staff should complete annual infection control training. We saw evidence that all staff had

Are services safe?

completed infection control training, apart from the GPs. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had three vaccine fridges. One of the fridges had recorded a temperature of 9°C on one day, which was above the maximum to maintain safe storage of vaccines. We identified this and the practice followed their protocol to ensure safety for patients.
- One of the bins for clinical sharps had a date of 2015 on it. All other sharps bins had been in use for less than six months. The practice could not be assured that infection control processes in relation to use of sharps bins was being followed.
- 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice kept a log of serial numbers for blank prescription pads and paper but did not record which staff these had been allocated to. We observed that some staff did not lock their rooms during the day and left prescriptions unsupervised in the printers.
- Emergency medicines were kept in an area which was accessible to members of the public.
- Some of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment with the exception of one element. All files reviewed contained proof of identification,

qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, only two of the four files had evidence of satisfactory conduct in previous employment in the form of references.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff apart from two practice nurses had received annual basic life support training. There were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. The practice kept a folder in each clinical room which contained NICE guidelines and referral pathways in them. Folders were updated regularly with new guidance by a member of the administration staff and were accessible to all staff and used to deliver care and treatment to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available (539 of a possible 559). The practice had a higher than average exception reporting level for three clinical domains including, atrial fibrillation (23% compared to the clinical commissioning group (CCG) average of 10% and national average of 11%), cancer (29% compared to the CCG average of 17% and national average of 15%) and Diabetes Mellitus (19% compared to the CCG average of 13% and national average of 11%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effect).

This practice was an outlier for some QOF (or other national) clinical targets. For example only 83% of patients with diabetes on the register had a record of flu immunisations compared to the CCG average of 95% and national average of 94%. The practice was an outlier for patients with hypertension who had a blood pressure

reading in an acceptable range in the past 12 months (73% compared to the CCG average of 83% and national average of 84%). The practice was an outlier for all cancer screening outcomes.

The practice had above average prescribing rates in comparison to the CCG and national averages.

- The practice's average daily quantity of hypnotics (hypnotics are medicines used to treat anxiety, insomnia, and seizure disorders) prescribed was 0.62 compared to a CCG average of 0.29 and national average of 0.26.
- The number of antibacterial items prescribed per specific therapeutic group was 0.46 compared to a CCG average of 0.25 and national average of 0.26.

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 90% of patients on the diabetes register had a record of a foot examination and risk classification within the past 12 months in comparison to the CCG average of 90% and national average of 88%. The practice had one diabetic indicator that was an outlier as discussed above.
- Performance for mental health related indicators was mixed in comparison to national averages. For example, the practice only recorded the alcohol consumption of 79% of patients with schizophrenia, bipolar affective disorder or other psychoses in comparison to the CCG and national averages of 90%. However, 96% of patients with dementia had their care reviewed face to face in the preceding 12 months in comparison to the CCG average of 86% and the national average of 84%.
- The practice told us that the data for 2014-15 was from before the practices merged and therefore was not fully representative of the current patient list size. We saw unverified and unpublished data from January to March 2016 which evidenced that prescribing rates and QOF exception recording figures had improved slightly and that the practice was monitoring QOF data on a monthly and quarterly basis.
- There was evidence of quality improvement including clinical audit.
- There had been 11 clinical audits completed in the last two years, four of these were completed audits where

Are services effective?

(for example, treatment is effective)

the improvements made were implemented and monitored and had been repeated over at least two cycles. Another audit on respiratory optimisation, which relates to use of asthma inhalers, had been planned for a re-audit to monitor progress and was due to be completed in July 2016. We observed some audits to be undated or single cycle only. These did not have dates for a re-audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the practice reviewing their prescribing of opioid analgesia (a category of strong pain relief medicines) These were medicines that require care when being prescribed because of their potential misuse and the probably of a patient developing an addiction to them. The practice reviewed patients who were on repeat prescriptions of the medicine and any identified patients were contacted via telephone or letter to arrange a medicines review to discuss alternatives. The second cycle of the audit showed that patients who had been reviewed and when possible moved to alternative analgesics which posed less risk of misuse or addiction.
- Information about patients' outcomes was used to make improvements. For example, the practice completed a review of patients with Chronic Obstructive Pulmonary Disorder (COPD) which is a chronic lung condition. They found that patients had poor management of their condition and those that did manage it often did not come in for reviews. The practice also identified that patients were often stepped up in their treatment but not stepped down. As a result of the audit the practice reviewed how patients were categorised and created a new category system coded by severity of the condition. A template was designed so that monitoring could be better tracked and records updated accordingly. The practice had also allocated a named doctor and nurse to lead on COPD and to allow for better monitoring of patients with this condition and to review medicines optimisation strategies.

In addition to these audits, the practice also evidenced completing several clinical searches, such as two weekly searches on antibiotic prescribing. This demonstrated a desire to identify clinical learning and service improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had 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 discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Not all staff had received training in areas such as information governance and which the practice considered to be mandatory.

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, medical records and investigation and test results.

- The practice did not have written care plans for Diabetic, asthma and Chronic Obstructive Pulmonary Disorder (COPD) patients (COPD is a chronic lung condition). This did not enable the practice to share relevant information with patients and other health and social care providers about the care and treatment patients needed to manage their condition.

Are services effective?

(for example, treatment is effective)

- 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 ongoing 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 other health care professionals on a monthly basis when care plans which were in place, were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff were able to demonstrate awareness of how to gain consent from patients and whether patient was able to make a decision. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 72%, which is less than the CCG average of 81% and the national average of 82%. The practice had a lower than average percentage for uptake to attend national screening programmes for bowel and breast cancer screening. For example, 59% of patients aged 50-70 were screened for breast cancer in the past three years in comparison to the CCG average of 73% and national average of 72%. A total of 46% of patients aged 60-69 were screened for bowel cancer over the past 30 months compared to the CCG average of 62% and the national average of 58%. 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 vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 96% to 99% and five year olds from 77% to 90%. The practice placed an alert on the records of the child and their parents for those who had missed their immunisations.

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.

All of the nine 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.

We spoke with two members 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 combined services with the practice that shares the building approximately four years ago but the official merger of the two practices happened in April 2016. Therefore the data used for this section relates to the Bermuda Practice only. The practice was lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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 lower than local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. The practice had created a prompt sheet in Nepalese of common phrases/reasons why people may attend a GP surgery reception desk to help aid communication in the first instance. However there were not any information leaflets or other media available in Nepalese

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. 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 78 patients as carers (less than 1% of the practice list). The practice told us that identifying and coding of carers was done opportunistically. There were no signs, information or posters for carers in the waiting area. The practice told us that they planned to search patient notes with a code for "has a carer" to identify more carers but that this had not yet started. The practice offer health checks for carers but we were told that take up of appointments was low.

We were told by some staff that the GPs may phone or visit family members of a recently bereaved patient but that this was not standard practice and at the discretion of each GP. The practice manager told us that family members would be offered the opportunity to attend counselling services and signposted to the nearest 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. We saw evidence of a plan with the CCG for a locality based urgent care centre and home visiting service.

- The practice offered extended hours appointments on Monday and Tuesday evenings 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.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients with a learning disability were offered annual reviews. The practice did not put an alert on these patient records to indicate that they have a learning disability to assist GP and nurses with their consultations. The practice had identified 78 patients on the learning disabilities register. A total of 72 of these patients were seen for reviews in the past 12 months.
- The practice did not identify patients who are ex-military despite having a large ex-Ghurkha population registered at the practice. Ghurkha is the collective term for members of the British Army that are made up of Nepalese Soldiers. Ex-military personnel are entitled to receive treatment in a timely manner when their condition is a consequence of military service.
- Translation aids are available at reception for Nepalese speaking patients. Language line is also used by the practice.
- The practice was contracted by an NHS Trust to provide a vasectomy service. This service had been externally audited.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with nurses were available from 8am every morning and with GPs from 8.30am both until 11.30am and then 3pm to 5pm daily. Extended hours appointments were offered from 6.30pm to 7.30pm on Mondays and Tuesdays as well as on one Saturday a month from 8am to 11am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. Patients could also pre-book appointments via the online system. All patients contacting the practice for a same day appointment were asked by receptionists what concerns a patient had in order to direct their call to the most appropriate clinician to manage.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 79%.

Two of the four patients spoken to on the day of the inspection stated they were unhappy with the appointments system. They stated they had to wait a minimum of a week before they could see a GP and that they could not always see their GP of choice. They also stated that the practice runs late for appointments. The practice was aware that appointments sometimes ran late and we saw evidence which showed that receptionists were requested to inform patients if their appointment was running 30 minutes late or more.

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. For example, a summary of the policy was provided in the waiting area.

The practice had received 33 complaints in the past 12 months. We looked at three complaints received in the last 12 months and found that complaints were satisfactorily handled, and dealt with in a timely manner. Patients were given a letter of apology which included signposting the patient to other means of complaint such as the Health Ombudsman if patients were unhappy with the response. We saw evidence that complaints were discussed at

meetings and recorded in the minutes. However, the practice did not have a follow up review date for complaints to look at whether actions had been taken as a result of the events or complaints to improve quality of care. For example, a patient was admitted to hospital and their relative complained that the practice had missed the diagnosis. The practice reviewed the case and agreed that the consultation and treatment was appropriate and that the deterioration of the patient was an unfortunate event. The relative was advised by the GP during the consultation to seek further advice if worried, which they did. The practice provided a written explanation of their investigation.

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.

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

Governance arrangements

The practice had an overarching governance framework but this did not consistently support the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

However, there were areas where we found governance arrangements were less effective.

- The practice was performing below national and clinical commissioning group averages for Quality of Framework (QOF) figures and demonstrated limited evidence as to how they were working to monitor quality and make improvements.
- There were some arrangements in place for identifying, recording and managing risk issues however not all systems were effective. For example, not all staff had a record of completing training appropriate for their role including information governance, infection control training, safeguarding children and vulnerable adults. Not all staff personnel files had copies of references from previous employers and the practice.

Leadership and culture

Staff told us the partners 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 training for all staff on communicating with patients about notifiable safety incidents. The partners 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 patients reasonable support, truthful information and a verbal and written apology. Improvements were needed in order that the practice could be assured that learning from significant events and complaints was shared and outcomes monitored when needed.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Administration staff told us that there had been six redundancies within the administration team which had put additional pressure on their workload. However, they felt this had brought the team closer together and they had support from management.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and 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 had an action plan in place following feedback from patient surveys and the friends and family questionnaires. Members of the PPG were positive about their involvement with the practice and how they could support the practice when dealing with concerns and complaints received. For example, not all patients were satisfied with the triage system or by having to give details about the purpose of the appointment to a receptionist. As a result of feedback staff now explained the triage system to newly registered patients. They were also given additional training on appropriate questioning and explaining the reason for this.
- The practice had gathered feedback from staff through employee surveys, staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff reported about delays in generating prescriptions and managing high demand.

The practice reviewed the systems and the turnaround time was changed to 72 hours, which was in line with their contract, in order to manage the high volume. Another example given was that administration staff felt that roles and responsibilities were not being shared equally amongst the team, for example, the amount of hours of being on front desk. As a result of this feedback it was agreed that all administration staff would share the front desk responsibilities so that this was fair for all staff.

- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice, however this needed improvement. We found that learning was taking place, such as GPs carrying out two weekly searches on prescribing of antibiotics, to ensure these were necessary and relevant. However, meeting minutes did not fully show that this learning had been shared with relevant staff members. The practice team was part of local pilot schemes to improve outcomes for patients in the area, such as monitoring prescribing of medicines.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that medicines were handled and stored in a safe manner.</p> <ul style="list-style-type: none">• The practice monitored the allocation of prescription pads and forms but did not record who they had been allocated to.• Emergency medicines were stored in an area of the practice which was accessible to unauthorised people. <p>This was in breach of regulation 12 (1) (2) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have appropriate systems, processes and policies in place to manage and monitor risks to the health, safety and welfare of patients, staff and visitors to the practice.</p> <ul style="list-style-type: none">• The practice demonstrated a desire to improve patient care through clinical updates and audits, however not all of these were shared with the clinical team to help improve patient outcomes.• Systems in place to demonstrate that learning from significant events was shared with relevant staff were not effective and did not show that actions were monitored.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1) (2) 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 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered provider did not ensure that training was provided for all staff in areas it considered were mandatory.

- We found there were shortfalls in ensuring all staff had received training on infection control, information governance, safeguarding children and vulnerable adults.

This was in breach of regulation 18 (1) (2) 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person did not have suitable systems in place to ensure that all required information was available when recruiting new members of staff.

- The practice had failed to ensure that all staff employed to work at the practice were suitable to do so by obtaining evidence of satisfactory conduct in previous employment from previous employers.

This was in breach of regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.