

Moseley Avenue 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 Moseley Avenue Surgery on 26 July 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 but the practice did not have comprehensive systems to always assess and identify risks to safety. There was an effective system in place for reporting and recording significant events and evidence that the practice learned from them.
- Not all risks to patients were assessed and well managed for example, there was no recent health and safety risk assessment, fire risk assessment or fire drill.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care

and treatment, although there was little evidence of training and development of non-clinical staff. For example, in safeguarding, infection control or information governance.

- The level of patient satisfaction was high. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The National GP Patient Survey results published in July 2016 were above the Clinical Commissioning Group (CCG) and national averages in all areas. Written comments received also aligned with these views.
- 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.
- Access to services offered was good. Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients and staff reported that communication was good.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that all policies are developed, shared with staff, embedded and made readily available to staff in the practice.
- Ensure systems designed to assess the risk of and to prevent and control the spread of infection are implemented effectively. This would include taking actions identified as necessary by audits or risk assessments.
- Introduce a system to ensure that all medical devices are in date such as medical specimen swabs.

The areas where the provide should make improvements are:

- Consider introducing ways of increasing the number of carers identified.
- Introduce a system of notifying GPs when prescriptions have not been collected before disposal.
- Ensure risk assessments are regularly reviewed for all areas and aspects of the practice, for example health and safety and fire.
- Ensure that non-clinical staff receive regular refresher training in areas relevant to their roles such as safeguarding, infection control, fire training and information governance.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events and staff were aware of how to do this. The practice could demonstrate lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, 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 but there were some omissions. For example, reception and administration staff had not received update training in safeguarding and infection control. However, all staff described appropriate action they would take if they had safeguarding concerns.
- There was evidence of assessment to risk but there were omissions and some risks had not been managed in accordance with identified actions. For example, regarding water temperature testing following Legionella risk assessment and identified actions from an infection control audit had not all been addressed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were above the CCG and national averages in all areas of care.
- Staff assessed needs and delivered care in line with current evidence based guidance and had access to resources to ensure this.
- Clinical audits demonstrated quality improvement and we saw evidence of several audits.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- 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.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others in all 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 a significant amount of information regarding local services throughout the practice.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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.
- The National GP Patient Survey results 2016 and comments from patients confirmed that patients found it easy to make an appointment, and there was access to telephone consultations and urgent appointments the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders and we saw minutes of meetings to confirm this.

Good



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. They had undergone some significant changes in the last two years and had identified areas of development and were implementing plans to address these. For example, they had acknowledged the gaps in non-clinical staff training. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and most staff felt supported by management, but some reported that additional support would be beneficial to assist them in their role during times of change. The practice had some policies but these were

Requires improvement



Summary of findings

not complete and there was little evidence that these had been developed and formally adopted by the practice or were utilised by staff. The practice held regular meetings where governance issues were discussed.

- The practice had identified leads for specific clinical areas in the practice which supported the delivery of the strategy and good quality care.
- 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 and we saw evidence of this.
- The practice sought feedback from staff and patients, which it acted on. There was a Patient Participation Group (PPG), although meetings had not taken place for the last 12 months. The PPG told us this was due to there not being anything significant to discuss but told us they could meet with the practice when they wanted to.

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. This is because the domains of safe and well led require improvement which affects all population groups.

- 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 participated in the admission avoidance enhanced service to prevent unnecessary admission of patients to hospital.
- Flu vaccinations were offered to all patients in this group where appropriate.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the domains of safe and well led require improvement which affects all population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurses had access to specialist nurses in respiratory conditions and diabetes.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85% which was comparable with the CCG and national average of 82% and 81% respectively.
- 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.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the domains of safe and well led require improvement which affects all population groups.

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 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 percentage of women aged 25-64 years whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 78% compared with the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw the practice engaged in joint working with the health visitor and met monthly with them to discuss any issues.

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). This is because the domains of safe and well led require improvement which affects all population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available to enable access for patients who could not attend during normal hours due to work commitments.

Requires improvement



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. This is because the domains of safe and well led require improvement which affects all population groups.

- 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.

Requires improvement



Summary of findings

- 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. We saw a variety of information regarding support groups in the waiting areas.
- Clinical staff knew how to recognise signs of abuse in vulnerable adults and children and 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 held a register of carers which contained 52 patients, a number equivalent to 0.5% of the patient list.

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 with dementia). This is because the domains of safe and well led require improvement which affects all population groups.

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84% due to the low numbers in the group. The exception reporting rate was also low for this indicator which affected the overall result.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% which was comparable to the national and Clinical Commissioning Group (CCG) averages of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, carers of patients with dementia could contact Admiral Nurses for support.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The Improving Access to Psychological Therapies (IAPT) service attended the practice three times a week to provide support to patients with mental health issues.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing above the local and national averages in all areas. There were 302 survey forms distributed and 101 returned which represented approximately 1% of the practice's patient list and a response rate of 33%.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 88% 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 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients referred to all GPs and commented how they gave them time to discuss their health concerns and never felt rushed. Some patients specifically commented on how they were supported through difficult health issues and given help and support to understand them.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice Friends and Family Test was positive and showed 81% of patients would recommend the practice to their family. This was similar to the National GP Patient Survey result which showed that 86% of patients would recommend the practice to someone new in the area.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all policies are developed, shared with staff, embedded and made readily available to staff in the practice.
- Ensure systems designed to assess the risk of and to prevent and control the spread of infection are implemented effectively. This would include taking actions identified as necessary by audits or risk assessments.
- Introduce a system to ensure that all medical devices are in date such as medical specimen swabs.

Action the service **SHOULD** take to improve

- Consider introducing ways of increasing the number of carers identified.
- Introduce a system of notifying GPs when prescriptions have not been collected before disposal.
- Ensure risk assessments are regularly reviewed for all areas and aspects of the practice, for example health and safety and fire.
- Ensure that non-clinical staff receive regular refresher training in areas relevant to their roles such as safeguarding, infection control, fire training and information governance.

Moseley Avenue 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 advisor and a practice manager specialist advisor.

Background to Moseley Avenue Surgery

Moseley Avenue Surgery is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 11,200 patients living in Coundon, Radford and the surrounding areas of Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a two storey building and patients are seen on both levels. For patients with mobility problems the practice would arrange for a consultation on the ground floor. The practice population has a higher than average number of patients aged 0 to 15 years, and slightly above average numbers for those aged 40 to 50 years, and over 85 years. National data indicates that the area is one that experiences moderate levels of deprivation. The practice population is made up of predominantly white British with 11% of Asian ethnic background.

There are five GP partners, four of whom are male, and one female. They employ three female salaried GPs, one male and two female. The practice employs two practice nurses, one health care assistant, a practice manager and office manager, who are supported by a team of administrative and reception staff.

Moseley Avenue Surgery is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. The practice is open on Monday until Friday between 8am and 12pm and from 2pm until 5.30pm. Extended hours appointments are provided from 7.15am until 8am on Wednesdays and on Saturdays from 8.30am until 10.15am for pre-bookable appointments only. The practice closes for lunch from 12.30pm until 2pm. During lunch time closure and from 5.30pm until 6.30pm the telephone lines remain open and are answered by reception staff who are able to contact the duty doctor. When the surgery is closed services are provided by Virgincare who can be contacted via NHS 111.

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 July 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, the practice manager and administration and reception staff and spoke with patients who used the service.
- Observed how patients were assisted when they attended the practice and talked with carers and family members.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice manager was the lead person for significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form which was completed by them that allowed all information to be recorded and showed actions taken as a result. The practice had a spreadsheet on the practice computer which summarised all significant events. This included the learning points and actions taken and dates for any further actions. 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, 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 the outcomes of which were shared with relevant staff.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency safety alerts (MHRA) and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had implemented the use of a data recorder following a significant event affecting the vaccine fridge to allow the practice to view the fridge temperature over a 24 hour period.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, although there were some omissions. We noted:

- There were arrangements in place to safeguard children and vulnerable adults from abuse for clinical staff. One of the GPs was the safeguarding lead for the practice and the staff had contact telephone numbers of the

local authority on their treatment room doors. The practice produced a safeguarding policy dated 2012, but it was not complete and did not contain all the necessary information and had not been reviewed. The GPs attended safeguarding meetings and had regular meetings with the health visitor to discuss any concerns regarding children and had monthly multi-disciplinary meetings where any vulnerable adults were discussed. Clinical staff had all received the appropriate training for their role, for example, GPs were trained to level three in child safeguarding with the exception of one GP who was awaiting the next training date and nurses to level two. Staff described appropriately how they would deal with concerns regarding safeguarding children and vulnerable adults. However, the reception and administration staff had not received safeguarding update training and were not aware of the safeguarding lead. They told us if they had concerns regarding safeguarding they would inform their manager or one of the GPs. We saw minutes of safeguarding meetings and an example where a patient on the safeguarding register who had not attended an appointment had been followed up by the practice.

- There were notices in all areas of the practice advising patients that chaperones were available if required. Nurses were the only staff who acted as chaperones and were trained for the role. All nurses 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).
- We observed the premises to be visibly clean and tidy, although we noted that two of the chairs in the nurses' treatment rooms were torn. The practice nurses shared the infection control lead role since the previous nurse had left last year. One of the nurses had attended infection control training recently and had cascaded this information to the other nurse but non-clinical staff had not received update training in infection control. The nurses had not been proactive in the infection control role due to time constraints. As a result we noted that the previous audit carried out in 2015 by their predecessor did not contain information about what action, if any, had been taken to address any areas of concern. One of the nurses confirmed they had the contact details of the local infection prevention adviser to seek support and guidance to carry out the role. We

Are services safe?

did not see evidence of up to date infection control policy documents developed by the practice, although there were some which had been produced by the local partnership trust. Discussions with staff revealed there was no process in place to gain assurance that infection control procedures had been implemented. For example, the cleaning staff had a list of areas to cover but we saw no evidence that the practice carried out any quality assurance of the work and there was no checklist to show they had completed the work daily. The practice nurses maintained appropriate standards of cleanliness and hygiene within their clinical areas and cleaned equipment such as the spirometer and ear syringing equipment appropriately and recorded this.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice in the main kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, we noted there was no system in place for notifying GPs if patients did not collect prescriptions prior to their disposal. We saw that the practice had followed procedures and carried out appropriate actions in response to a discrepancy with the fridge temperatures. They sought advice from the manufacturer and had contacted NHS England. However, we also noted that whilst compromised vaccines had been removed from the main fridges and placed in a fridge away from those used by the nurses, they not been disposed of following closure of the significant event investigation and these were now out of date. Following our inspection the practice confirmed and submitted evidence that they had removed and disposed of these vaccines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. These were dealt with and monitored appropriately and prescriptions were not issued until the GPs were assured that a shared care agreement with secondary care was in place. We saw there was an alert on the computer system informing clinicians if blood tests were due prior to issuing prescriptions. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw in the room where medicines were stored that some specimen swabs were out of date. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw that these were signed by the nurses and a GP. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber and the system for this was appropriate.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and managed in part.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice manager was the health and safety representative for the practice. There was a health and safety policy but the practice had not carried out a health and safety risk assessment or fire risk assessment in the last year. The practice had carried out up to date servicing of the fire alarm system, extinguishers and emergency lighting as well as an assessment of gas safety in the building and fire alarm testing monthly but there was no evidence of fire drills or recent fire training. However, staff were aware of fire procedures within the practice and knew what to do in the event of a fire. A system was in place for an external company to carry out all electrical equipment checks to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was completed in March 2016. The practice manager had carried out a Legionella risk assessment but had not carried out the routine procedures to address the potential risk they had identified such as regular water temperature testing and recording. (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 and the practice manager ensured adequate GP cover and the office manager was responsible for the administration and reception staff.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was red button alert messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff we spoke with gave examples where this had been used successfully in response to an emergency.
- All staff received annual basic life support training and emergency medicines were available in a room which was secured by a touch keypad. All staff knew of their

location and the code to access the room. Medicines to treat anaphylaxis were available in the nurses' treatment rooms. All the medicines we checked were in date and stored securely with the exception of the expired vaccines which had been isolated to a fridge in a different area of the practice.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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. They used the GP Gateway system which were locally agreed pathways of care that were developed in line with National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice received updates via email and these were discussed at practice meetings and we saw evidence of discussions regarding changes in best practice. 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 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 from 2014/15 showed the practice had achieved 97% of the total number of points available which was above the Clinical Commissioning Group (CCG) average and national average of 94% and 95% respectively. Exception reporting was 11% which was higher than the CCG and England average of 8% and 9% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Discussions with GPs and review of records confirmed that the practice followed the national recommendations on exception reporting.

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 92% which was similar to the national average of 89%.
- Performance for mental health related indicators was 89% which was similar to the national average of 93%.

- One of the GPs oversaw the QOF process and achievement and the practice nurses actively managed patients with long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD). Any areas which required additional focus were discussed at practice meetings.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, only one of these was a two cycle audit but we noted one was also carried out on the two week cancer wait process in response to changes in NICE guidance which was planned to be re audited later this year. The practice engaged in prescribing audits as recommended by the local CCG medicines management team. Changes were made in treatment as a result of audit to provide optimum treatment.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice had GPs with special interests and qualifications in specific clinical areas, such as mental health, women's health, diabetes, dermatology and palliative care and utilised these skills within the practice.
- Findings from audit were used by the practice to improve services. For example, recent action taken as a result included a review of specific patients with diabetes to ensure their medicine was appropriate and they were being monitored correctly.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, although the practice acknowledged that non-clinical staff required training in areas such as safeguarding, infection control and information governance. However, they were able to demonstrate they had the knowledge and skills to carry out their roles.

- The practice had an induction pack for all newly appointed staff. This clearly indicated what took place in the practice and what was expected of staff and informed staff of organisational tasks and procedures. There was no reference to training for safeguarding,

Are services effective?

(for example, treatment is effective)

infection prevention and control, fire safety, health and safety or confidentiality in the induction pack but the practice confirmed that all staff had received this training when joining the practice.

- 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. Nursing staff had received training in diabetes, respiratory updates, and COPD.
- Nurses 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 the nurse showed us how they had access to the immunisation guidance online. They told us if they had any queries regarding any clinical matters they could go to any of the GPs for advice and guidance.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and nurses attended the local practice nurse forum which allowed peer group discussion in the locality. All staff had received an appraisal within the last 12 months.
- Clinical staff had received training that included safeguarding, basic life support and infection control and were able to access protected learning sessions organised by the CCG. However, whilst non-clinical staff had received basic life support training, they had not received ongoing training specifically regarding safeguarding and infection control and information governance. The practice had already acknowledged this and was putting in plans to address this. For example, the practice manager told us they had sourced training which they could cascade to the staff. The non-clinical staff we spoke with told us they did not handle specimens. They also told us they would refer any issues regarding safeguarding to their manager.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The nurses told us they contacted the tissue viability nurse if they had issues regarding complex patients with leg ulcers and the health visitor was contacted if children did not attend for immunisations after three appointments. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of meetings held with members of the palliative care team.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). GPs had attended a training update session which included MCA and Deprivation of Liberty Standards (DOLS) six months ago.
- 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 practice had a written consent form for minor surgery procedures which was completed and scanned into the patient's record. The process for seeking consent was monitored through patient records' audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who might 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 requiring support from the Improving Access to Psychological Therapies (IAPT) service who were experiencing emotional difficulties or mental health problems were signposted or referred as appropriate. There was also a system of self-referral available.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 82%. The practice had flags on the system to alert staff if patients had not attended for their cervical cytology. 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. One of the nurses kept a copy of the forms and checked monthly that they had received the results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 82% of females aged 50-70 years were screened for breast cancer in last 36 months compared to the CCG and national averages of 71% and 72% respectively.

The percentage of patients aged from 60-69 years who were screened for bowel cancer in last 30 months was 61% which was higher than the CCG average of 59% and national average of 58%. The health care assistant was trained in smoking cessation and offered appointments for patients wishing to get support and advice on how to stop. We saw that the practice had a register of patients with a learning disability and that detailed reviews had been carried out.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 98% to 100%. The practice provided baby medical examinations prior to 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 years which were carried out by the health care assistant. 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. We heard staff assisting patients with hospital appointments and advising them of the procedure and what to expect.

- 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.

Patients spoke very positively of their experiences with the practice and commented on staff by name and described high levels of satisfaction. All of the 27 patient Care Quality Commission comment cards we received were also 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. Many of the comments were from patients who had been with the practice for many years and appreciated the continuity and kindness the staff at the practice offered.

We spoke with a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. They also told us they were very 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 published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% 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%.
- 94% 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 86% 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 positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey showed patients high levels of satisfaction regarding questions about their involvement in planning and making decisions about their care and treatment. Results were consistently above the local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% 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%.
- 91% 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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in an easy to read format.
- Staff were able to print off information regarding specific conditions to allow patients to take these away to help them understand their condition better.

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. For example, there were notices and information regarding mental health and emotional support available, 'Vibes', which was a service for 7 -19 year olds providing emotional development courses, and there was also information signposting patients who needed help with domestic violence, and alcohol support and advice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers which represented less than 1% of the practice list. Carers identified were offered flu vaccinations and we saw posters in the waiting area advertising a carers' organisation which offered carers' breaks. There was also information on the practice website informing patients regarding registering as carers.

Staff told us that if families had suffered bereavement, their usual GP would be notified who would decide on the level of contact required and make contact with the family if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on Wednesday from 7.15am until 8am and on Saturdays from 8.30am until 10.15am for working patients and those 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 any patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice arranged for consultations to take place on the ground floor for patients with mobility problems and an alert was placed on the system to notify staff of the need for this.

Access to the service

The practice was open between 8am and 12pm and from 2pm until 5.30pm Monday to Friday. Appointments were available during these times. Extended hours appointments were offered on Wednesday from 7.15am until 8am and every Saturday from 8.30am until 10.15am for pre-bookable appointments only. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Appointments had been staged to start at different times in the morning to provide easier access for patients and prevent excessive queuing.

Results from the National GP Patient Survey published in July 2016 showed that patients were satisfied with how they could access care and treatment. For example:

- 81% of patients were satisfied with the practice's opening hours which was comparable to the national average of 85%.
- 93% 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 appointments when they needed them.

The practice had a system in place to assess:

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

We saw the reception staff had a flow chart to guide them in assessing and directing patients appropriately, allowing them to identify any patients who might need urgent help. The flowchart highlighted medical concerns which required consultation with a GP. 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.
- The practice manager was the 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, there was a notice in the reception area and information on the practice website.

We looked at five complaints received in the last 12 months and found that these had been dealt with appropriately in a timely way with openness and honesty. The practice manager had investigated the complaints and discussed the outcomes with staff at the team meeting. Lessons were learnt from individual concerns and complaints. For example, training of reception staff in customer service issues had been identified.

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 been undergoing significant changes over the last two years with the introduction of new partners and preparation for change of the senior partner due to pending retirement, as well as changes in the nursing team. The practice demonstrated a commitment to maintain the caring ethos that was evident and had acknowledged the need for plans to develop the staff and change some systems and processes within the practice. They had a clear vision to deliver high quality care and promote good outcomes for patients. The practice aims were to provide the best of traditional general practice whilst embracing the benefits of modern technology. The practice had a strategy which reflected the vision and values but this had not yet been fully implemented, although they had introduced some changes. For example, they had built two new consulting rooms, become a training practice and introduced changes in the appointment times and booking procedures.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care in part, for example, there were lead GPs for safeguarding, QOF, minor surgery and other specific clinical areas. However, there was a lack of up to date policies available to staff, for example in the area of safeguarding. Practice specific policies were not developed and embedded in the practice and staff reported that if they needed to access any policies they would contact the practice manager. Therefore these were not easily accessible to staff at all times.

Generally staff were all aware of their role and responsibilities. However, there were some areas where, whilst staff were aware of their responsibilities, they had not been fully supported to carry them out. For example, actions identified during the previous infection control audit had not been implemented and there was no effective oversight of the quality of cleaning at the practice.

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always in place, for example, there had been no health and

safety risk assessment or fire risk assessment in the last year or recent training. There were also some omissions in checking procedures for medical devices to ensure they were in date, such as medical swabs.

There was a comprehensive understanding of the clinical performance of the practice and GPs and nursing staff were aware of the QOF progress and able to identify areas which required focus. The practice used clinical and internal audit to monitor quality and to make improvements.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care and staff told us the partners were approachable and always took the time to listen to all members of staff. All staff we spoke with told us that the focus of the practice was ensuring a good experience for patients and providing the best care.

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). 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 they gave affected people reasonable support, information and a verbal and written apology.

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

- Staff told us the practice held regular weekly clinical team meetings and team meetings for non-clinical staff occurred quarterly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at any time they had concerns and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff told us they felt involved in the practice, and the partners encouraged all members of staff to identify opportunities to improve the service offered by the practice.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had a Patient Participation Group (PPG). We spoke with a member of the PPG who told us the practice was supportive of suggestions and comments the group had. They told us they had not met for some time but that there had not been any significant issues to discuss. However, they said they intended to commence more regular meetings in the near future. They told us the practice had always been a family practice which offered a personalised service to patients. The practice sought patients' feedback and engaged patients in the delivery of services.

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG carried out patient surveys and

submitted proposals for improvements to the practice management team. For example, they had suggested that the practice should stagger the start of appointments to prevent congestion when the practice opened. This had been implemented successfully and patients reported this was an improvement.

The practice had gathered feedback from staff through staff meetings and appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged with the practice and expressed high levels of job satisfaction, although some staff reported additional support would be beneficial during times of change and transition.

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 provider had not protected people against the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking or had not been implemented effectively.</p> <p>Areas of risk identified following audit such as torn chairs in the treatment rooms had not been addressed or revisited to ensure the risk had been mitigated or removed.</p> <p>Actions identified following Legionella risk assessment had not been completed, such as monitoring of water temperatures.</p> <p>The provider did not ensure that all medical devices were in date and appropriate for safe use, such as specimen swabs.</p> <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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The provider did not always have effective systems or processes in place to assess monitor and improve the quality of the service and mitigate the risks relating to the health, safety and welfare of service users and other who may be at risk.

The provider did not have complete and up to date policies to support and guide staff in the provision of regulated activities, such as safeguarding and infection control.

The provider did not have quality assurance measures regarding cleaning procedures.

This was in breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.