

Enderby Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



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 Enderby Medical Centre on 11 May 2016. Overall the practice is rated as inadequate.

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

- Staff had a limited understanding regarding their responsibilities and the process to report incidents and near misses. Reviews and investigations were not thorough.
- Not all risks to patients were assessed and well managed, for example, those relating to recruitment checks, control of substances hazardous to health and emergency equipment.
- Data showed patient outcomes were higher than the national average.
- We saw evidence that audits were driving improvements to patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a number of policies and procedures to govern activity, but some of these required updating.
 - The practice had a proactive patient participation group and had sought feedback from patients.

The areas where the provider must make improvements are:

- Implement a robust system and processes for reporting, recording, acting on and monitoring significant events, incidents and complaints.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

- Implement a robust system for dealing with safety alerts.
- Ensure there is a robust system in place to ensure that patients are safeguarded from abuse and improper treatment.
- Ensure formal governance arrangements are in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice, including the dissemination of national guidance.
- Ensure blank prescriptions are handled in accordance with national guidance.
- Ensure there is a system in place to provide staff with the necessary training and competence to provide care or treatment safely and that they are supported by means of annual appraisals.
- Ensure Patient Group Directions (PGDs) are signed by the appropriate staff.

In addition the provider should:

- Embed a formalised process for the recording of minutes of meetings.

- Ensure patients' privacy and dignity is protected.
- Have in place a complete system to ensure that infection control is effective.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This may lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- Staff did not always understand their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were not consistent or thorough enough and lessons learned were not communicated widely enough to support improvement.
- Patients were at risk of harm because systems and processes were not in place or were not implemented in a way to keep them safe. For example in relation to safeguarding, recruitment and anticipating events.
- There was insufficient attention to safeguarding children and vulnerable adults. There was a lack of documented meetings relating to safeguarding and there was no register of vulnerable adults.

Inadequate



Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance. However the practice did not have a robust system in place to keep all clinical staff up to date with national guidance.
- Most staff had the skills, knowledge and experience to deliver effective care and treatment but we found gaps in training and in the case of one staff member a lack of qualifications to carry out their role.
- The practice did not recognise the benefit of an appraisal process for staff although the new practice manager told us appraisals would be carried out for all staff.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, there was limited evidence that learning from complaints had been identified and shared with staff.

Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

Inadequate



- The practice had a clear vision but there was not an overarching governance framework in place to support the delivery of their strategy.
- A leadership structure had not been established.
- The practice did not have a full range of policies and procedures in place to govern activity.
- The practice did not hold regular governance meetings and not all risks were identified.
- Staff had not received regular performance reviews.
- The practice was a training practice for Foundation Year Doctors and we saw evidence that they were well supported.
- The practice had proactively sought feedback from patients and had a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate



The provider was rated as inadequate for providing a safe and well led service, requiring improvement for being effective and good for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of older people. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Home visits were also carried out to administer annual flu, pneumococcal or shingles vaccination when required.
- There was an in-house pharmacist who carried out polypharmacy reviews for the elderly.
- The practice worked with local care homes to avoid unplanned admissions.
- Ambulatory services were used to avoid unnecessary acute admission.
- The practice monitored their register of carers and an in-house dedicated Carer's Champion, provided advice regarding support services.

People with long term conditions

Inadequate



The provider was rated as inadequate for providing a safe and well led service, requiring improvement for being effective and good for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of people with long-term conditions. There were, however, examples of good practice.

Summary of findings

- There was a good skill mix in the practice and nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Ambulatory services were used to avoid unnecessary acute admissions.
- Performance for diabetes related indicators was better than the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 80% compared to the CCG average of 76% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice employed a locum pharmacist to support this work.

Families, children and young people

Inadequate



The provider was rated as inadequate for providing a safe and well led service, requiring improvement for being effective and good for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of families, children and young people. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with or above local and national averages for all standard childhood immunisations.
- Patients commented that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 87%, which was above both the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours.

Summary of findings

- There was a children's area in the waiting room.

Working age people (including those recently retired and students)

Inadequate



The provider was rated as inadequate for providing a safe and well led service, requiring improvement for being effective and good for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of working-age people (including those recently retired and students). 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. The practice offered extended hours on a Wednesday morning from 7.15am and in the evening until 7.30pm to accommodate working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this group.
- Telephone consultations were available throughout the day.

People whose circumstances may make them vulnerable

Inadequate



The provider was rated as inadequate for providing a safe and well led service, requiring improvement for being effective and good for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of people whose circumstances may make them vulnerable. There were, however, examples of good practice.

- In house appointments were available with a drug & alcohol advisor to help support patients with alcohol & drug dependency. Changes in patient's social circumstances were noted and passed on to their GP or duty doctor in order to liaise with social services as needed.
- The Practice had developed relationships with the travelling community and offered support and education.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However there were no recorded meetings to discuss vulnerable children or adults.
- The practice did not hold a register of vulnerable adults.

People experiencing poor mental health (including people with dementia)

Inadequate



The provider was rated as inadequate for providing a safe and well led service, requiring improvement for being effective and good for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as inadequate for the care of people experiencing poor mental health (including people with dementia). There were, however, examples of good practice.

- Patients who were suffering poor mental health could be seen on the same day.
- The Practice used their in-house Pharmacist to ensure safety with medication for patients with mental health problems and medication reviews.
- All patients had a named GP. The practice offered annual reviews for patients with dementia, including blood tests for reversible deficiencies which could exacerbate memory problems.
- The practice had access to a mental health worker who provided support and annual reviews.
- The Practice offered a selection of self-referral information to specialised services for counselling.
- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 271 survey forms were distributed and 93 were returned. This represented 1.5% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive overall about the standard of care received. Patients referred to the ease with which they could get appointments, personalised care and helpful and friendly staff.

Areas for improvement

Action the service **MUST** take to improve

- Implement a robust system and processes for reporting, recording, acting on and monitoring significant events, incidents and complaints.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Implement a robust system for dealing with safety alerts.
- Ensure there is a robust system in place to ensure that patients are safeguarded from abuse and improper treatment.
- Ensure formal governance arrangements are in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice, including the dissemination of national guidance.

- Ensure blank prescriptions are handled in accordance with national guidance.
- Ensure there is a system in place to provide staff with the necessary training and competence to provide care or treatment safely and that they are supported by means of annual appraisals.
- Ensure Patient Group Directions (PGDs) are signed by the appropriate staff.

Action the service **SHOULD** take to improve

- Embed a formalised process for the recording of minutes of meetings.
- Ensure patients' privacy and dignity is protected.
- Have in place a complete system to ensure that infection control is effective.

Enderby Medical Centre

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.

Background to Enderby Medical Centre

Enderby Medical Centre is a GP practice which provides a range of primary medical services to around 6,030 patients from a surgery in Enderby, a suburb on the outskirts of the city of Leicester. The practice has more patients under the age of 50 years than the national average and less patients 50 years or over than the national average.

The service is provided by one full time female GP partner, three part time male GP partners and a long term female locum working one day per week providing a total of 24 sessions each week. There is also a nursing team comprising a nurse practitioner, two practice nurses, and a healthcare assistant. They are supported by a part-time locum pharmacist, a practice manager, an assistant practice manager and a team of reception and administration staff.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice had a website which provides some information about the healthcare services provided by the practice. This is in the process of being updated.

The provider has one location registered with the Care Quality Commission which we inspected on 11 May 2016 which is Enderby Medical Centre, Shortridge Lane, Enderby, Leicestershire. LE19 4LY.

The practice is open between 8.00am and 6.30pm Monday to Friday but with extended hours on Wednesday from 7.15am to 7.30pm. Appointments were available from 8.30am to 11.00am in the morning and from 3.00pm to 5.30pm in the afternoon daily. On Wednesdays the first appointment was 7.15am and the last appointment 7.30pm. The practice offers telephone consultations and home visits are also available on the day of request. There is also a nurse practitioner led minor illness clinic available on a daily basis.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

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

Detailed findings

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 11 May 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being interacted with and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was not a robust system in place for reporting and recording significant events.

Staff told us they would inform the practice manager of any incidents. There had been no staff training about significant events and consequently a lack of understanding about what a significant event was and the process for handling them. There was no policy or guidance available for staff relating to significant event reporting or the process. We saw that there was an incident reporting template and a significant event reporting template in use but some confusion as to what each should be used for. We found information regarding two incidents which constituted significant events which had not been recorded as such.

We looked at some recorded significant events and we found that some issues had been considered. However, they had not always been reviewed or investigated sufficiently to ensure that relevant learning and improvement could take place. There was limited evidence of identified actions having been implemented or learning from incidents being shared with staff.

The practice did not have a robust system in place for dealing with safety alerts received by the practice. The practice manager disseminated alerts to all staff and it was the GPs responsibility to act on them as required. We were told that alerts were discussed informally but there was no evidence available of any actions taken as a result of any alerts received.

Overview of safety systems and processes

- There was not a robust system in place to safeguard children and vulnerable adults from abuse. We found that policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding children and safeguarding adults. Staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse practitioner were trained to child protection or child safeguarding level 3. However we found there was no register of adult safeguarding and although we were told that informal meetings took place between the lead for safeguarding children and the health visitor, we saw
- no evidence of dissemination of any information or discussion of safeguarding relating to children or adults in clinical meetings. The practice manager told us this would be made a standing item on the agenda for meetings and that formal meetings would be introduced.
- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role but they had all 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. We saw that there were detailed cleaning schedules in place but these had not been signed to confirm that the cleaning had taken place. We were told that spot checks of cleaning took place and any issues were communicated to the cleaner but this was not documented. One of the practice nurses was the infection control lead and attended meetings and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw that some actions identified had been implemented and others were in progress. For example, the practice had ordered disposable privacy curtains for the minor surgery room. There were no safety data sheets or control of substances hazardous to health (COSHH) risk assessments available for cleaning products used by the practice.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had employed a locum pharmacist to support their work and as part of their role they carried out medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms for use in printers were securely stored and there were systems in

Are services safe?

place to monitor their use. However there was no system in place to monitor the movement of prescription pads through the practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we found one of these was out of date and none had been signed by an authorising manager.

- We reviewed four personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, and the appropriate checks through the Disclosure and Barring Service. We looked at the staff file relating to the nurse practitioner and found that the recruitment process had not been operated effectively to ensure they had the qualifications and competence for the work performed by them.
- The practice had recently introduced a triage system. Triage is a system where either a GP or a practice nurse speaks to a patient to assess their problem and determine the best course of action. The purpose of triage is to ensure that patients who feel their problem needs to be dealt with either on the day or before a routine appointment is available can access clinical advice quickly and efficiently. We found that the nurse practitioner who was undertaking the telephone triage had not undertaken specific training in telephone triage. Furthermore under the triage system the nurse practitioner was seeing children with minor illnesses. We saw evidence that they had attended a course which covered minor illnesses in adults but had not undertaken specific training to enable them to see children with minor illness. We raised this with the partners and they immediately reviewed their system so that the nurse practitioner was not seeing children under the age of twelve years until she had completed the necessary training.

Monitoring risks to patients

Most 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. The practice had an up to date fire risk assessment. There was no evidence of fire drills having been undertaken. However we saw that the practice manager had a schedule in place for fire drills to be carried out going forward. They had also arranged for

fire safety training to be delivered to staff, including identified fire marshals. 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 other risk assessments in place to monitor safety of the premises but with the exception of a risk assessment for the control of substances hazardous to health and infection control. The practice manager had facilitated a legionella risk assessment shortly after taking up post and was awaiting the outcome. (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 leave was planned well in advance to allow for this.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- Staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks available on the premises. The practice did not have a defibrillator available on the premises and had not risk assessed the need for a defibrillator. The practice told us and meeting minutes reflected that the PPG were currently in the process of getting quotes to provide a defibrillator, but the plan was for this to be situated outside the practice as a community defibrillator.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.

- However the practice did not have a robust system in place to keep all clinical staff up to date. The onus was on staff to keep themselves up to date via the practice computer system and we were told that new guidance was discussed but this was not reflected in the meeting minutes available to us.

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 high with the practice achieving 99.8% of the total number of points available, compared to the CCG average of 95.8% and the national average of 94.8%.

The practice had an overall exception reporting rate of 7.8% which was below the CCG and national average. 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).

Some indicators for conditions had higher than average exception reporting. These were peripheral arterial disease (17.4% compared to the CCG average of 7% and national average of 5.8%), depression (41.2% compared to the CCG average of 26% and national average of 24.5%) and rheumatoid arthritis (21.7% compared to the CCG average of 12.8% and national average of 7.4%). We looked at a sample of patient records in these groups and found they had been exception reported appropriately.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed that the practice performed in line with or above local and national averages in the majority of areas:

- Performance for diabetes related indicators was better than the CCG and national average. For example, the percentage of patients with diabetes, in whom the last blood pressure reading was 140/80 mmHg or less, was 80% compared to the CCG average of 76% and the national average of 78%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% compared to a CCG average of 98% and a national average of 98%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 97% compared with the CCG average of 89% and the national average of 90%.
- Performance for mental health related indicators was better than local and national averages, for example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 88% compared to the CCG average of 83% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, we saw that the result of a second cycle of an audit on the use of antibiotics was the reduction in antibiotic usage.

Information about patients' outcomes was used to make improvements.

Effective staffing

- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

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.

- The practice could not provide evidence to demonstrate staff had received the training they needed to fulfil their specific roles. We saw a list of current staff and the e-learning that had been undertaken, for example, Mental Capacity Act, safeguarding adults, safeguarding children, complaints and infection control. However, there were gaps in training, for example a number of staff had not undertaken training in fire safety, information governance or health and safety. There was no system in place to identify or monitor when refresher training or mandatory training was needed or had been carried out by staff.
- There was limited evidence of staff performance appraisals having been undertaken in order to identify learning needs. We saw that nursing and practice management staff had been appraised in the last 12 months but some members of staff had not received an appraisal since 2012. However staff we spoke with told us that requested relevant training was generally approved. The practice manager told us they planned to undertake appraisals for all staff in the following month to identify any learning needs.

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. There

was a system in place to follow up patients who had been discharged from hospital by means of a phone call from their GP or the nurse practitioner. We saw evidence that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- GPs we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear GPs were aware of the need to assess the patient's capacity and record the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits such as the minor surgery audit we reviewed.

Supporting patients to live healthier lives

The practice identified patients who may have been 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 and suffering poor mental health. Patients were signposted to the relevant service.
- On site counselling was available and there was a weekly clinic provided by the community psychiatric nurse. Smoking cessation advice was available from a local pharmacy.

The practice's uptake for the cervical screening programme was 87%, which was above both the CCG average of 83% and the national average of 82%. There was a policy to call patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable or better than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 96% to 100%.

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. There was no curtain in the room used for minor surgery but we were told that arrangements were in place to have one fitted.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues or appeared distressed reception staff were able to offer them a private room to discuss their needs.

All of the 25 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 a member of the patient participation group (PPG). They also told us they and relatives were extremely satisfied with the care provided by the practice and said their dignity and privacy was always respected. Comment cards highlighted that staff responded sensitively and compassionately when they needed help and provided support discreetly when required.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comments cards reflected that patients felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had enough time and did not feel rushed during consultations so were able to make an informed decision about the choice of treatment available to them. 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 well above 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 87% and the national average of 86%.
- 90% 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%.
- 95% 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.
- Staff told us there were a number of patients who were deaf and they had the facility to arrange an interpreter for the deaf to support communication.

Are services caring?

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 94 patients as

carers (1.6% of the practice list). The practice had a 'carer's champion' who sent information to identified carers. There was also information available in the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or visited and if necessary a consultation would be arranged and advice given on support available if required.

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 had been identified. For example the practice participated in the local integrated care scheme. The practice also provided a multi-disciplinary co-ordinated approach to health and social care. This meant that patients' needs were addressed holistically to include support for emotional issues, mental health, finances and environmental issues such as provision of mobility items, assessment of risks, falls and the strain of being a carer.
- The practice offered extended hours on a Wednesday morning from 7.15am and in the evening until 7.30pm to accommodate working 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 vaccinations available on the NHS as well as those only available privately. The practice was able to offer yellow fever vaccinations.
- There were disabled facilities and translation services available.
- There was one consulting room on the first floor but if patients were unable to use the stairs the GP would see the patient in one of the ground floor consulting rooms.
- Telephone consultations were available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and provided extended hours on Wednesdays from 7.15am to 08.00am and from 6.30pm to 7.30pm. Appointments were available from 08.30am to 11.00am every morning and in the afternoon from 3.00pm to 5.30pm daily. On Wednesdays the first appointment was

7.15am and the last appointment 7.30pm. The practice offered telephone consultations and home visits were also available on the day. There was also a nurse practitioner led minor illness clinic available on a daily basis.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was much higher than national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 100% 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; and
- the urgency of the need for medical attention.

This was done by means of a telephone triage system which allowed an informed decision to be made on prioritisation according to clinical need. In cases where the urgency and it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made, such as calling an ambulance. 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 a 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, such as a patient leaflet and information in the waiting room. There was

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

limited information regarding complaints on the practice website but the practice manager told us a new website was being developed and would be available shortly and would include complaints information.

We looked at four complaints received in the last 12 months and found they had been satisfactorily handled

and dealt with in a timely way. However there was limited evidence of lessons learnt from individual complaints. There was not an ongoing system in place to log complaints, identify themes and ensure actions identified were implemented and learning disseminated in order to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice told us they had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a vision statement which reflected that they were Staff we spoke with shared these values and it was apparent from talking to staff and the feedback from patients that they demonstrated an ethos of putting patients first. The GP partners and practice management team spoke positively about their plans going forward and their areas of responsibility.
- Following the departure of senior members of the management team, the practice had very recently undergone changes to staff in key positions and restructuring of the management team. The new team consisted of the remaining partners and a practice manager. The practice manager had started to identify and prioritise some areas for improvement such as staff appraisals.

Governance arrangements

The practice did not have an overarching governance framework and systems and processes in place to support the delivery of their strategy. We found:

- Some practice specific policies were implemented and were available to all staff. However some policies were inaccurate or despite having been reviewed still contained outdated information. There was no guidance available relating to the significant event reporting and recording process and a key policy concerning the cold chain policy was absent.
- The practice did not have a robust system in place to identify, record and manage risk. There were a number of general risk assessments in place but specific risks which should have been assessed such as the decision not to have a defibrillator on site and those relating to the control of substances hazardous to health (COSHH) had not been assessed.
- The leadership team had not ensured that there were sufficient systems and processes in place for the effective reporting, recording and monitoring of

significant events and incidents. There was no system in place to log complaints, identify themes and ensure actions identified were implemented and learning disseminated in order to improve the quality of care.

- There was not a structured or robust approach for dealing with adult safeguarding and discussions regarding child safeguarding were not formalised.
- There was not a robust system in place to ensure that the patient group directives (PGD's) were signed by an authorising manager or were up to date.
- Recruitment processes were not robust and there was a lack of oversight as a clinical member of staff had been recruited without assurance that they were sufficiently qualified for the role to which they had been recruited.
- A comprehensive understanding of the performance of the practice was maintained and the practice was monitoring their QOF achievements.
- Evidence that clinical audits had been used to make improvements.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Leadership and culture

Although the partners were positive about future plans, we found a lack of leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety. For example, the practice had not recognised the implications of recruiting and allowing a nurse practitioner to carry out triage and consultations of children without gaining assurance of appropriate training. There was no system in place to ensure clinical staff appointed to perform extended roles were trained and assessed as competent. This led to staff being expected to work beyond the limitations of their competence and outside of their professional code of conduct.

We were told that the practice held a variety of meetings. The practice acknowledged that some of the meetings were informal and minutes were limited. Therefore it was difficult to identify what had taken place, what actions and learning had been shared and who was responsible for actions and a timeframe. We were told meetings would be minuted going forward.

Are services well-led?

Inadequate 

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

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

The practice had encouraged feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), the virtual patient participation group (VPPG) and through surveys and complaints received. The PPG met quarterly, discussed patient surveys with the practice team and submitted proposals for improvements to the

practice management team. For example, the PPG had worked with the practice to improve the children's area in the waiting room and make changes to the car park to gain additional parking.

The practice gathered feedback from staff informally but we found that only nursing staff and practice management staff had been appraised in the last 12 months and some staff had not received an appraisal since 2012 which meant they had not had the opportunity to give feedback by this means. The new practice manager told us she planned to undertake appraisals for all staff in the following month.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

This was in breach of regulation 12(1) 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

(2) The provider did not have in place systems and processes which were established and operated effectively to prevent abuse of service users.

This was in breach of regulation 13 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

1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.
2. Persons employed by the service provider in the provision of a regulated activity must—
 - A. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

Requirement notices

- B. be enabled where appropriate to obtain further qualifications appropriate to the work they perform.

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

Regulated activity

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

Regulation

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

1. Persons employed for the purposes of carrying on a regulated activity must—
 - A. be of good character,
 - B. have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and
 - C. be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.
2. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in—
 - A. paragraph (1), or
 - B. in a case to which regulation 5 applies, paragraph (3) of that regulation.
3. The following information must be available in relation to each such person employed—
 - A. the information specified in Schedule 3, and
 - B. such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

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

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have in place systems and processes which were established and operated effectively to enable them to:</p> <ol style="list-style-type: none">1. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and2. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014</p>