

Ward End 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

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 Ward End Medical Centre on 31 July 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Processes were in place for managing risks were not always robust, we highlighted risks associated with infection control, recruitment and in the management of medical emergencies.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Positive feedback was received in relation to the care of vulnerable patients.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment although this might not always be with their GP of choice. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

The areas where the provider must make improvements are:

Summary of findings

- Ensure robust arrangements are in place for identifying, assessing and managing risks to patients including those relating to recruitment, the management of medical emergencies and fire safety records.
- Ensure risks associated with infection prevention and control are appropriately managed to minimise the risk of cross infection.

In addition the provider should:

- Display complaints policy and ensure complaints relating to all staff are consistently managed.

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 as there are areas where it must make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to staff to support improvement. The management of risks was mixed. Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, recruitment, infection control, emergency equipment and maintenance of records for fire safety. There were arrangements in place for the management of unforeseen circumstances that might impact on the running of the service.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to and used guidance from the National Institute for Health and Care Excellence. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams in providing co-ordinated care.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients generally found access to appointments satisfactory and were able to get an appointment with a named GP if willing to wait. Urgent appointments were 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

Good



Summary of findings

easy to understand, although not displayed. Evidence showed that the practice responded quickly to issues raised with the exception of those relating to locum staff in which the complaints were referred to the locum agency to address. Learning from complaints was shared with staff where appropriate.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a documented vision and strategy. Staff were clear about their responsibilities in delivering the practice vision and values. There was a clear leadership structure and staff felt supported by senior staff and clinicians. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk, although the management of risks was not always sufficiently robust. The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered enhanced services, for example, in dementia. It was responsive to the needs of older people and worked closely with other health professionals in the management of patients with complex and end of life health care needs. Home visits and rapid access appointments were available for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice including this population group.

Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was also regular support from a diabetic specialist nurse who saw patients at the practice. Longer appointments and home visits were available when needed. Patients with long term conditions received structured reviews to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. We received positive feedback from health professionals who worked closely with the practice to meet these patient's needs.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who did not attend for immunisations. The practice met with the health visitor regularly to discuss children at risk or with specific needs. Immunisation rates were similar to other practices in the CCG area for all standard childhood

Requires improvement



Summary of findings

immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. Other services provided for this population group included antenatal and postnatal care with a visiting midwife and six week baby checks.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice including this population group.

The needs of the working age population, those recently retired and students had been identified. Although the practice did not formally offer extended opening hours it did offer some appointments online prior to 8.30am and patients were able to book online appointments up to 14 days in advance. Telephone consultations were also available daily for patients who found it difficult to attend the surgery through work or other commitments during the day. The practice offered a range of health promotion and screening that reflect the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice including this population group.

The practice was located in one of the most deprived areas in the country. The practice regularly registered patients in temporary accommodation at a nearby hostel and guest houses. The practice participated in the enhanced service to provide health checks for patients with a learning disability. It supported two care homes for patients with learning disabilities. The managers from these care homes were very positive about the care provided by the practice. Annual health checks for people with a learning disability, longer appointments and home visits were available for patients with a learning disability. Carers were actively identified and information was available to signpost them to support services available.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice including this population group.

The practice held a register of patients experiencing poor mental health and most of these patients had received an annual physical health check. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It participated in the enhanced service to facilitate timely diagnosis and support for people with dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. Of the 348 surveys sent out there were 109 returned which represents a 31% response rate.

- 61% found it easy to get through to this surgery by phone compared with a CCG average of 60% and a national average of 68%.
- 87% found the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 85%.
- 82% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 90% and a national average of 91%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 84%.

- 96% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 91%.
- 75% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 71%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 64%.
- 92% felt they did not normally have to wait too long to be seen compared with a CCG average of 80% and a national average of 82%.

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 about the standard of care received. Patients described the service as caring and friendly and told us they were treated with respect. Most patients told us they were able to make an appointment easily.

Areas for improvement

Action the service **MUST** take to improve

- Ensure robust arrangements are in place for identifying, assessing and managing risks to patients including those relating to recruitment, the management of medical emergencies and fire safety records.

- Ensure risks associated with infection prevention and control are appropriately managed to minimise the risk of cross infection.

Action the service **SHOULD** take to improve

- Display complaints policy and ensure complaints relating to all staff are consistently managed.

Ward End 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, practice nurse and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Ward End Medical Centre

Ward End Medical Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Ward End Medical Practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built health centre. Based on data available from Public Health England, deprivation in the area served is among the highest nationally. The practice has a registered list size of approximately 6,500 patients.

The practice is open 8.30am to 6.30pm on Monday, Tuesday Wednesday and Friday and 8.30am to 1pm on a Thursday. The practice does not provide any extended opening hours. When the practice is closed during the day

(8am and 8.30am Monday to Friday and 1pm and 6.30pm on a Thursday) and in the out of hours period (6.30pm to 8am) patients receive primary medical services through another provider (BADGER).

The practice has two GP partners (both male) and five long term locum GPs (three male and two female). Other practice staff consist of a physician assistant, a practice nurse and two healthcare assistants. There is also a team of administrative staff which include three practice administrators who share responsibilities for the daily running of the practice.

The practice has not previously been inspected by CQC.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

Detailed findings

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 31 July 2015. During our visit we spoke with a range of staff (GPs, a physician assistant, a health care assistant, practice administrators, reception and administrative staff) and spoke with patients who used the service. We also spoke with three health care professionals and the managers of two care homes that worked closely with the practice. We reviewed how people were being cared for. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. Staff knew how to report incidents and felt encouraged to do so. There was a reporting form available for staff to complete. Incidents were discussed at the monthly partners meeting and where appropriate shared with staff through the practice administrators. Similarly complaints received by the practice were also discussed at the monthly meetings. The practice carried out an annual review of significant events and complaints.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in one incident recorded the practice had forgotten to switch the telephones over to the out of hours provider. As a result an end of day checklist was introduced to ensure important tasks were not missed.

National patient safety alerts were disseminated by email to practice staff.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe. These were generally well embedded although there were some areas where systems were not sufficiently robust.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies available clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and these were accessible to all staff. This information was also available to staff in the clinical areas of the practice. There was a lead member of staff for safeguarding. Although the GPs did not routinely attend safeguarding meetings they provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training in safeguarding relevant to their role.
- A notice was displayed in the waiting room, advising patients that they could request a chaperone during a

consultation. Staff who acted as chaperones had not received any specific training but when asked were able to demonstrate an understanding of this role. Chaperone duties were usually carried out by the practice nurse and health care assistants who had received a disclosure and barring check (DBS). (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). Reception staff occasionally acted as chaperones but did not have DBS checks or risk assessments in place to ensure their suitability for this role.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Risk assessments had been carried out, for example on the premises and equipment and mitigating actions identified. There was a health and safety poster in the reception area but no named health and safety representative had been identified on it. One of the practice administrators told us that they were the representative. The practice's fire risk assessment had last been up dated in July 2011 and had not been reviewed since. Records were maintained of regular fire alarm testing although this was not carried out as frequently as identified in the fire risk assessment. There was evidence of fire drills carried out and fire equipment checks to ensure they were in good working order. In response to a recent fire drill a staff register had been introduced to improve safety in the event of a fire. The practice also had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records seen showed that relevant equipment had been calibrated within the last 12 months.
- We found the arrangement for managing infection control at the practice was not adequately robust. We observed the premises to be visibly clean and tidy. There were infection control policies and procedures in place. The practice nurse was the infection control clinical lead for the practice. They were not present during our inspection in order to tell us about their role and verify how they kept up to date with best practice.

Are services safe?

Staff did not routinely receive infection control training. The latest infection control audit was carried out in April 2015. However, during our inspection we saw that the health care assistants' room which was used for taking blood was carpeted and had two ripped chairs. This did not allow for infection control standards to be adequately maintained in the case of spills of bodily fluids such as bloods. There was evidence to show that the carpets had been deep cleaned prior to our inspection but a lack of records available made it difficult to ascertain how frequently this cleaning took place. There was also no risk assessments in relation to the carpeted areas within the practice.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medication reviews were carried out with the support of the local CCG pharmacy teams to ensure the practice prescribing was in line with best practice guidelines for safe prescribing. Where the practice had been identified as a high prescriber for antibiotics plans had been put in place to reduce antibiotic prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out for new and locum staff prior to working at the practice, however we identified some gaps in the process. We reviewed four recruitment files for the most recently employed staff. References were missing from one member of staff and

no proof of identification was available for another. The lack of photographic identification was rectified during the inspection. DBS checks and registration with appropriate professional bodies were in place for clinical staff.

- The practice had arrangements in place to ensure there were enough staff on duty to meet patients' needs. Current staffing levels ensured there was appropriate cover for clinical and non clinical staff in the event of leave and sickness absence. If necessary agency staff would be used.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. 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 fit for use. The practice had oxygen available for use in an emergency but no defibrillator. There was no risk assessment in place to determine whether a defibrillator (used in cardiac emergencies) was required and what the alternative arrangements were in the absence of a defibrillator.

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 and services such as gas, water and telephone.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with were able to describe how they accessed and implemented guidelines based on best practice such as National Institute for Health and Care Excellence (NICE) standards. NICE is an organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. To keep up to date with the latest guidance the GPs told us that they attended local training courses and discussed guidance at the partners meetings. We also saw evidence from a recent nurses meeting in which flu updates were discussed and where information from training sessions attended for diabetes was shared.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most current published data from 2013/14 showed that the practice had achieved 98% of the total number of QOF points available (higher than the CCG and national averages), with 8% exception reporting. Exception reporting is where the practice may exclude patients for reasons such as non attendance for reviews. Exception reporting for this practice was comparable to the CCG and national averages. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was at 96% which was better than both the CCG and national average by 5%.
- The percentage of patients with hypertension having regular blood pressure tests was at 90% which was better than the CCG by 8% and the national average by 9%.
- Performance for mental health related was at 98% which was better than the CCG average by 7% and the national average by 8%.

- The percentage of patients with dementia diagnosis was 0.8% which was comparable to the CCG and national averages of 0.5% and 0.6%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last three years, both of these were completed audits where the improvements made were implemented and monitored. Findings from audits were used by the practice to improve services. For example, one audit reviewed prescribing of patients with vascular disease in line with medicine safety information. The audit was discussed with clinicians and alerts placed on relevant patient notes. Re-audit showed improvements in prescribing for these patients. The practice also participated in local schemes through the CCG aimed at delivering improvements in care and innovation.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff. The programme covered topics related to their role for example handling repeat prescriptions and registering new patients. New staff received hand books which covered issues such as health and safety and confidentiality. They also underwent a probationary period in which their competencies were reviewed.
- A locum handbook was available for locum GPs which provided information on making referrals, emergency admission procedures and where equipment was located.
- The learning needs of staff were identified through a system of appraisals. We saw that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Records seen showed that staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures and basic life support. Staff told us that they also received in-house up dates to maintain and refresh knowledge.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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 test results, letters from the local hospital including discharge summaries and out-of-hours GP services. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We spoke with three health care professionals and the managers from two care homes who told us that there was a good working relationship with the practice and that practice staff were very supportive in meeting patients' needs. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis to discuss patients with complex and palliative care needs and that care plans were routinely reviewed and updated. Meetings also took place with health visitors to discuss vulnerable children with the practice.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 and when providing care and treatment for children and young people. We spoke with the managers from two care homes for patients with a learning disability. They were satisfied that the practice understood capacity and acted appropriately when seeking consent for care and treatment. Practice staff told us about patient advocacy support available through the CCG to support patients when making decisions about their care and treatment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with palliative (end of life) care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then supported to ensure their health and care needs were appropriately managed. For example a diabetic nurse specialist visited the practice once each week to support diabetic patients and smoking cessation services were available in house. A range of health promotion information was available in the waiting area including information about diet and healthy lifestyles.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to follow up patients who did not attend for their cervical screening test by telephone call or letter. The practice recognised that there was a reluctance to attend cervical screening from some sections of the local community and that they were working to promote and educate patients in the importance of attending for this.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% and five year olds from 90% to 94%. Flu vaccination rates for the over 65s were 68%, and at risk groups 56%. These were also comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Names of reception staff were displayed so patients knew who they were speaking with. Curtains were provided in consulting rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient CQC comment cards we received were positive about the service experienced. Patients said they were happy with the service received and staff were helpful and treated them with dignity and respect. We also spoke with eleven patients including a member of the patient participation group (PPG) they also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One patient described how staff had responded compassionately to them and quickly put support in place for their partner when they had most needed it.

Results from the national GP patient survey (2014/2015) showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the friends and family test which was introduced into general practice December 2014. The Friends and Family test asks patients if they would recommend the practice to others. Results to date for the practice were similar to the national average.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and that information was given to them in a way they could understand to help make an informed decision about the choice of treatment available to them. We spoke with the managers of two care homes for patients with learning disabilities they were both satisfied that clinical staff took the time to speak to their residents and involve them in their care and treatment. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (2014/15) we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language and that they had used the service within the last week.

Patient/carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations such as carer support, counselling services.

The practice had a carers' register and was actively inviting patients who were carers to identify themselves through

notices and carer referral forms in the waiting area. Information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they would send a sympathy card to the family. If patients who had suffered a bereavement then attended the surgery they would refer them to support services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and we saw a copy of the practice's report which showed they were engaged and making good progress. Through the ACE programme they were also working closely with other practices in their local commissioning network to identify local priorities and initiatives. For example, dementia care.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Although the practice did not offer extended opening hours, patients were able to book appointments online up to 14 days in advance and telephone consultations were available daily for patients who found it difficult to attend the surgery through work or other commitments during the day. Some online appointments were available before 8.30am.
- There were longer appointments available for people who needed them. Staff were aware which appointments took longer for example patients with a learning disability and for reviews of certain long term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to get same day appointments if their needs were urgent.
- There were disabled facilities, although the reception desk was too high for patients who used a wheelchair. Reception staff would move forward to speak with patients more easily.
- A hearing loop and translation services was available.
- Baby changing facilities were available for those attending with babies and young children.
- The practice regularly registered patients using temporary residency who were staying on a short term basis at a hostel and guest houses close by.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday. On Thursday the

practice was open between 8.30am and 1pm.

Appointments were also available during this time. The practice did not offer any extended opening hours but some online appointments were available before 8.30am to help accommodate the needs of patients who worked. Appointments could be pre-booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey (2014/15) showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 68%.
- 75% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 71%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 64%.

Information was available to patients about appointments on the practice website and leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

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. There was a designated responsible person who handled all complaints in the practice.

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

We saw that information was available to help patients understand the complaints system. However, this was held at reception. Patients were offered the leaflet if requested. None of the patients we spoke with told us that they had ever made a complaint or wanted to.

We looked at six complaints received in the last 12 months and found that the handling of complaints was mixed. Some were well handled and the patients were given the opportunity to discuss their concerns with the GP while others were less so. For example, two out of the six complaints had been about the locum GPs. Although these complaints had been acknowledged the practice had referred the complaints directly to the locum agency to manage without any internal investigation.

Complaints were discussed at the partners weekly meetings and reviewed annually. These meetings were also attended by one of the practice administrators who were able to disseminate any relevant learning among staff. We saw evidence of action taken in response to complaints to improve the quality of care. For example, following one complaint in which a patient had been unhappy with their consultation the senior partner had discussed with the member of staff how they may approach sensitive subjects with patients in the future so as not to cause distress.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's strategy and five year business plan. We saw evidence the strategy and business plan were regularly reviewed by the practice. A practice charter was also included in the practice leaflet, this set out the level of service patients can expect.

We spoke with clinical and non clinical members of staff and they demonstrated an understanding of the practice's vision and values and knew what their responsibilities were in relation to these. Patients gave a positive account of the service they received.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice discussed at various staff meetings.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found that these were not always sufficiently robust for example during the inspection the practice had not risk assessed issues relating carpets in the clinical room and the absence of a defibrillator as part of the emergency equipment.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. Staff told us that the partners and senior staff were approachable and always take the time to listen to all members of staff. They felt valued and supported.

Staff told us that regular team meetings were held. Staff described a culture of openness and honesty. They told us that they had the opportunity to raise any issues at team meetings and felt confident in doing so and supported if they did. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

There was a patient participation group (PPG) in place which met regularly. Minutes from these meetings demonstrated that the practice shared information with members of the group such as feedback from the family and friends test and in relation to the implementation of online services. Where appropriate, actions as a result of feedback were put in place for example, the updating of noticeboards. We spoke with a member of the PPG who told us that they felt the practice listened to them. The practice website invited patients to become involved with the PPG and also shared the latest PPG report for 2014/15. The practice had not recently undertaken any patient surveys. They told us that this had been superseded by the 'Friends and Family Test' introduced in December 2014. Feedback from the Friends and Family Test was in line with other practices nationally.

Feedback from staff was obtained mainly through staff meetings, appraisals and general discussions. Staff we spoke with were aware that there was a whistleblowing policy in place should they have cause to use it.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff were given opportunities to undertake further training to enhance their roles. For example the Health Care Assistant had undertaken training in spirometry and diabetes care.

The practice was working with other practices locally as part of the CCG led ACE programme to improve dementia care, although this work was still in its infancy.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were areas in which the practice did not have robust systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users:</p> <ul style="list-style-type: none">• In the absence of DBS checks, no risk assessments were available in relation to non clinical staff roles and responsibilities (including those who undertook chaperone duties).• No risk assessments had been undertaken to assess the potential risks to patients in the absence of an automated external defibrillator and how in a medical emergency these risks might be mitigated against.• There was a lack of robust records to show that fire risk assessments had been reviewed regularly and actions identified had been implemented. <p>Regulation 17 (1)(2)(b)(d)(i)(ii) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the provider had not adequately protected services users against identifiable risks associated with healthcare infections.</p> <p>The practice had carpets in clinical rooms but had not undertaken any risk assessments to assess and mitigate the potential risks in relation to this.</p> <p>The practice did not have robust cleaning schedules in place to demonstrate that cleaning of carpets took place on a regular basis.</p> <p>There were two ripped chairs in a clinical room which did not support effective cleaning.</p>

This section is primarily information for the provider

Requirement notices

Regulation 12 (1)(2)(a)(b)(h) Health & 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

Recruitment records did not consistently include all necessary employment checks for all staff (as set out in schedule 3 of the Health and Social Care Act 2008. This included proof of identity and conduct in relation to previous employment.

Regulation 19 (2)(a) (3)(a) and schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014