

City Walls and Saughall Medical Centres

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		Good	
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?	Good		

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to City Walls and Saughall Medical Centres	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at City Walls and Saughall Medical Centres on 19th April 2016.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, infection control procedures, medication management and the management of staffing levels. Improvements were needed to ensure health and safety checks and reviews were carried out at the recommended frequencies. Significant events were not adequately recorded showing the event, investigation and any action to be carried out.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had access to training and development opportunities and had received training appropriate to their roles.
- Patients were generally positive about the care and treatment they received from the practice. The National Patient Survey January 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
- The National Patient Survey January 2016 indicated that patient satisfaction with several areas relating to access was below or significantly below local and national averages. The practice was aware of this patient feedback and had taken action to address some of the issues identified and were monitoring

Summary of findings

patient access to ensure it met their needs. The main issue was difficulty getting through to the practice by telephone. There was a plan to replace the telephone system this year.

- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk. Improvements were needed to the planning of clinical audits.

There were areas of practice where the provider must make improvements are:

- Maintain a record of each internal significant event that details the event, investigation process and action taken. Document reviews of significant events to demonstrate that action identified has been taken.

The areas where the provider should make improvements are:

- The practice should ensure there is a system in place to ensure all health and safety checks and reviews are carried out at the recommended frequencies.
- A planned schedule of audits, incorporating two audit cycles should be put in place.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There were systems to protect patients from the risks associated with staffing levels, infection control, staff recruitment and medicines management. Staff were aware of procedures for safeguarding patients from risk of abuse and they had received the necessary training. Safety events were reported, investigated and action taken to reduce a re-occurrence. We found that the records of significant events needed improvement as a detailed record of significant events was not maintained that demonstrated the investigation process and that would allow patterns and trends to be identified and enable a formal review to be undertaken. The practice had undertaken a number of safety checks of equipment and the premises however a fire drill had not been undertaken at Saughall Medical Centre within the last 12 months, there was no evidence of an electrical wiring certificate for City Walls and Saughall Medical Centres and the fire risk assessment had not been reviewed since 2008. Following our visit we received confirmation that a fire drill had been completed and a date arranged for the electrical wiring to be inspected.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities and had in general received training appropriate to their roles. Audits of clinical practice were undertaken. However a two-cycle audit had not been completed. The second cycle would enable an evaluation of whether changes made had been effective. A planned schedule of audits incorporating two auditing cycles should be put in place.

Good



Are services caring?

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. The National Patient Survey indicated that patient satisfaction with several areas relating to access was below or significantly below local and national averages. The practice was aware of this patient feedback and had taken action to address the issues identified and were monitoring patient access to ensure it met their needs. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Are services well-led?

The practice is rated good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a focus on continuous learning and improvement at all levels.

Good



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 good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the group of neighbourhood practices had employed a GP to offer a frailty service. The GP worked with the community care team to identify patients over 75 at risk of unplanned hospital admission. The GP visited these patients and drew up a care plan on how best to manage their condition and prevent a re-admission. Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. The safeguarding lead staff liaised with and met regularly with the health visitor, school nurse and midwife to

Good



Summary of findings

discuss any concerns about children and how they could be best supported. Chlamydia screening was offered to young people. Family planning services such as coil and implant fitting were provided.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. The practice offered a "Health Yourself Hub" where patients could drop in to access blood pressure, height and weight monitoring equipment as well as information on self-care. A health care assistant was available between 2pm and 4pm to assist patients. Reception staff were able to sign post patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral). The practice offered health checks to patients aged 40 – 74. A drop in contraceptive clinic was provided every week.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. The practice referred patients to local health and social care services for support, such as drug and alcohol services.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to local and national averages. Two hundred and sixty five forms were distributed, 114 (43%) were returned which represents 0.6% of the total practice population.

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 93% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 93% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

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

The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was below local and national averages. For example:

- < > were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%. 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.

Patient responses concerning seeing a GP of their choice, experience of making an appointment and getting through to the practice by telephone was significantly below local and national averages:

- 40% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2015 to 30/09/2015) compared to the CCG average of 71% and national average of 73%.
- 55% describe their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 25% of patients with a preferred GP said they usually don't get to see or speak to that GP compared to the CCG average of 59% and the national average of 59%.

The practice was aware of the patient feedback from the National GP Patient Survey and had as a team looked at ways to address the issues raised. The results had also been discussed with the Patient Participation Group (PPG) who had made suggestions for changes. There was a plan in place to replace the telephone system within the next 12 months. The appointment system had been reviewed and was being monitored to ensure it met the needs of patients. The reception had been re-organised to better meet the needs of waiting patients and those on the telephone.

The services provided by the practice and the local extended hours service had also been better publicised.

Summary of findings

We received nine comment cards and spoke to ten patients. The majority of comments showed that patients felt a good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity was promoted and they were treated with care

and compassion. All patients excluding two said that they were able to get an appointment when one was needed. Three said they had recently experienced difficulty getting through to the practice by telephone. Two patients said they were not able to get an appointment with their preferred GP.

Areas for improvement

Action the service **MUST** take to improve

- Maintain a record of each internal significant event that details the event, investigation process and action taken. Document reviews of significant events to demonstrate that action identified has been taken.

Action the service **SHOULD** take to improve

- The practice should ensure there is a system in place to ensure all health and safety checks and reviews are carried out at the recommended frequencies.
- A planned schedule of audits, incorporating two audit cycles should be put in place.

City Walls and Saughall Medical Centres

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second inspector, GP specialist advisor and a practice manager specialist advisor.

Background to City Walls and Saughall Medical Centres

City Walls and Saughall Medical Centres are responsible for providing primary care services to approximately 16,900 patients. City Walls Medical Centre is based in Chester and the branch practice is based in the village of Saughall approximately three miles from Chester. The practice is based in areas with average levels of economic deprivation when compared to other practices nationally.

The staff team includes eight partner GPs, four salaried GPs, three nurse practitioners, five practice nurses, three health care assistants, including a phlebotomist, practice manager and administration and reception staff. The practice is a training practice and at the time of our visit had one GP registrar working for them as part of their training and development in general practice, two medical and one nursing student.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including flu and shingles vaccinations, timely diagnosis of dementia and minor surgery.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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:

- 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:

Detailed findings

- 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 our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 19th April 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and investigating significant events. All staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. Significant events relating to external services such as hospitals were sent to the Clinical Commissioning Group (CCG) for investigation. We found that improvements were needed to the recording of internal significant events. Records of team meeting minutes showed the significant events and any actions arising from them were discussed with all relevant staff. However, each significant event, the investigation and action taken was not recorded separately allowing for a detailed log to be maintained and demonstrating the investigation process. This would enable patterns and trends to be identified and a review of actions taken to be carried out. The registered manager told us that significant events were reviewed to ensure appropriate action had been taken however this was not documented.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and this was clearly indicated in the safeguarding procedures. A printed flowchart with telephone numbers was on display outlining the process of making children's safeguarding referrals however the process for making adult safeguarding referrals was not. The flowchart with contact telephone numbers was found during our visit and the practice manager told us it would be clearly displayed for staff to refer to. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. GPs attended all initial safeguarding meetings regarding children. Staff demonstrated they understood their responsibilities and all had generally received safeguarding children

training relevant to their role. The safeguarding lead GP liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Alerts were placed on patient records to identify if there were any safety concerns.

- A notice was displayed in the waiting room and in all treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received training for this role. A disclosure and Barring Service (DBS) check had been undertaken for all clinical staff who acted as chaperones. These 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. Clinical staff mainly acted as chaperones. Some non-clinical staff acted as chaperones and had not received a DBS check. A general risk assessment had been developed (which the non-clinical staff were aware of) which indicated that they were not to be left alone with a patient. Given that it may not always be possible to ensure that this happens consideration should be given to applying for these checks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that the protocol for the transportation of equipment needing decontamination required review as this was not contained in a secure container.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines.

- We reviewed four personnel files of staff employed within the last 12 months and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff.

Monitoring risks to patients

- 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 displayed for staff to refer to. Regular checks were made of fire safety equipment. 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 also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella. An up to date electrical wiring certificate was not in place. Following our visit a date to carry out this inspection was confirmed. The practice

had a fire risk assessment however this had not been reviewed since 2008. A fire drill had not taken place at the Saughall Medical Centre within the last 12 months. A date to undertake this was arranged following our visit and we received confirmation this had been carried out. The practice should ensure there is a system in place to ensure all health and safety checks and reviews are carried out at the recommended frequencies.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan needed to be updated with contact numbers for all relevant staff and utility suppliers. This was addressed following our visit.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 98.6% of the total number of points available with 12.8% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 87% compared to the national average of 75%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 78% compared to the national average of 82%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 87% compared to the national average of 80%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 92% compared to the national average of 94%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was 78% compared to the national average of 84%.

The performance of the practice was monitored and action taken to address any shortfalls identified. For example, the drop in sexual health clinic had resulted in further women attending for cervical screening. The Health Yourself Hub" where patients could drop in to access blood pressure, height and weight assessment equipment had also been introduced to increase monitoring opportunities of patient health.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of medication and prescribing. A two-cycle audit had not been completed but we were told a further audit of high risk medication management was planned. Quality monitoring of practices such as cytology and minor surgery was undertaken. A planned schedule of audits incorporating two auditing cycles should be put in place. The second cycle would enable an evaluation of whether changes made have been effective.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings every six weeks to discuss the needs of patients with complex needs, palliative care needs and to discuss

Are services effective?

(for example, treatment is effective)

the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.
- All staff received training that included: safeguarding children, fire procedures, basic life support, infection control, health and safety and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. It was identified that some staff needed refresher training in mandatory areas and a training plan was in place to address this. .

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. It had been identified that some clinical and staff needed refresher training on the Mental Capacity Act 2005 and the practice manager was in the process of identifying training to address this.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

New patients registering with the practice completed a health questionnaire and were offered a health assessment with the nurse or health care assistant. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable to the CCG averages (where this comparative data was available).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Patients who were distressed or who wanted to talk to reception staff in private were offered a private room to discuss their needs.

We received nine comment cards and spoke to ten patients. Patients indicated that their privacy and dignity were promoted and they were generally treated with care and compassion. One patient indicated that a member of staff had a dismissive attitude and another said some reception staff were more helpful than others. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages for example:

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 93% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 93% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 79% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls. The results were also discussed with the Patient Participation Group (PPG) who had made suggestions for changes.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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. Written information was available to direct carers to the various avenues of support available to them. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

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 improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as flu and shingles vaccinations, timely diagnosis of dementia and minor surgery. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the group of neighbourhood practices had employed a GP to offer a frailty service. The GP worked with the community care team to identify patients over 75 at risk of unplanned hospital admission. The GP visited these patients and drew up a care plan on how best to manage their condition and prevent a re-admission. Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- There were longer appointments available for patients with a learning disability.
- Translation services and an audio hearing loop were available if needed.
- The practice opened four Saturday mornings in the last 12 months to ensure all eligible patients received vaccination for influenza.

- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service that was being piloted in the area (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The practice staff had attended training on promoting the equality and diversity of patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- The practice offered a "Health Yourself Hub" where patients could drop in to access blood pressure, height and weight monitoring equipment as well as information on self-care. A health care assistant was available to assist patients between 2pm and 4pm.
- A drop in clinic was provided every week for sexual health and contraception.

Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice.

Results from the National GP Patient Survey from July 2015 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment were below local and national averages. For example:

- 79% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

Patient responses concerning seeing a GP of their choice, experience of making an appointment and getting through to the practice by telephone was significantly below local and national averages:

- 40% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2015 to 30/09/2015) compared to the CCG average of 71% and national average of 73%.
- 55% describe their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 25% of patients with a preferred GP said they usually don't get to see or speak to that GP compared to the CCG average of 59% and the national average of 59%.

The practice was aware of the patient feedback from the National GP Patient Survey and had as a team looked at ways to address the issues raised. The results had also been discussed with the Patient Participation Group (PPG) who had made suggestions for changes. There was a plan in place to replace the telephone system within the next 12 months. The appointment system had been reviewed and was being monitored to ensure it met the needs of patients. The reception had been re-organised to better meet the needs of waiting patients and those on the telephone. The services provided by the practice and the local extended hours service had also been better publicised.

We received 9 comment cards and spoke to ten patients. Patients generally said that they were able to get an appointment when one was needed. Two comment cards indicated that these patients were unable to get an appointment when one was needed. Three said they had recently experienced difficulty getting through to the practice by telephone. Two patients said they were not able to get an appointment with their preferred GP.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer in the patient information booklet and on the practice website. This provided brief details and did not include information about the timescale for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The vision of the practice was “to make a positive difference in our patients’ lives through expert advice and personal empowerment.” The practice publicised its vision in the patient information leaflet and in other literature for patients. Staff understood the part they played in delivering this vision, and had a good understanding of how their work contributed to the overall performance of the practice.

Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically.

The practice had systems in place for identifying, recording and managing risks. We found that the records of significant events needed improvement as a detailed record of significant events was not maintained that demonstrated the investigation process and that would allow patterns and trends to be identified and enable a formal review to be undertaken.

Staff had access to appropriate support. They had received the training needed for their roles. There was a system in place to ensure regular appraisals took place to identify performance issues and training needs.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. A planned schedule of audits incorporating two auditing cycles was not in place. The second cycle would enable an evaluation of whether changes made have been effective.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen

to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. 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.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. Patients could also leave comments and suggestions about the service via the practice website or in the suggestion box located at the entrance to the practice.
- There was an active PPG which met regularly, sought patient feedback and submitted proposals for improvements to the practice management team. For example, the organisation of reception, website and the appointment system had been suggested as areas for improvement. Records and a discussion with the PPG members and staff indicated that the practice had taken

Are services well-led?

Good 

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

action to address these issues as far as possible.

Practice staff had also worked alongside members of the PPG to make changes to the practice. For example, to the website and appointment system. The PPG members spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice. Some members felt their skills and knowledge could be used more effectively.

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. The group of neighbourhood practices had employed a GP to offer a frailty service. The GP worked with the community care team to identify patients over 75 at risk of unplanned hospital admission. The GP visited these patients and drew up a care plan on how best to manage their condition and prevent a re-admission. Future plans included on-going improvements to the appointment system. Replacement of the telephone system and securing additional space to develop the practice further and offer new services to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider did not maintain a record of each internal significant event that detailed the event, investigation process and action taken. Reviews of significant events were not documented to demonstrate that action identified had been carried out.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	