

Clay Cross 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?

Requires improvement



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 Clay Cross Medical Centre on 15 September 2015. Overall the practice is rated as requires improvement. Our key findings across the areas we inspected were as follows:

- Feedback from patients was consistently positive about the care and treatment they received, and the way staff treated them. Patients were treated with kindness, dignity and respect.
- Patients were able to access care and treatment when they needed it, and most people could access appointments and services in a way, and at a time that suited them.
- The number of appointments available each week had increased following the recent appointments of additional clinical staff.
- Staff worked closely with other services to ensure that patients' needs were met.
- Overall, systems were in place to keep patients safe although aspects of infection control, chaperone and recruitment procedures required strengthening.

- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- The systems for identifying and learning from safety incidents and significant events required strengthening.
- There was an open, positive and supportive culture. Staff were actively supported to develop their knowledge and acquire new skills to provide high quality care.
- The clinical leadership required strengthening to ensure a practice wide approach to care and treatment in line with best practice. The practice was undergoing various changes following the appointment of additional clinical staff.
- The practice actively sought feedback from patients, which it acted on.

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

Summary of findings

- Follow effective recruitment procedures to ensure all persons employed are of good character, and that all necessary employment checks are available, and that staff who undertake chaperone duties have received a disclosure and barring check or risk assessment.

The areas where the provider should make improvement are:

- Strengthen the systems for identifying and sharing learning from safety incidents and significant events, to prevent further occurrences and minimise risks to patients.
- Update the cleaning schedule to include regular cleaning of the carpets, and replacement of the disposable privacy curtains in the consultation and clinical rooms at the recommended intervals.
- Strengthen the systems for ensuring patients are referred promptly to secondary care services and the appropriateness of referrals.
- Provide relevant training on the Mental Capacity Act 2005 for the nursing and administrative staff to ensure they understand the key parts of the legislation, and how this applies in their practice.
- Strengthen the clinical leadership and governance arrangements to enable the provider to effectively assess, monitor and improve the quality and safety of services provided.
- Provide further opportunities for all clinical staff to discuss new guidelines and agree changes to practice.

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 improvements should be made.

Patients told us they felt safe when using the service. There were enough staff to keep people safe. Overall, systems were in place to keep patients safe, although aspects of infection control, chaperone and recruitment procedures required strengthening. There was an open approach for reporting and managing safety incidents and significant events when things went wrong. However, the systems for identifying and learning from safety incidents and significant events required strengthening, to prevent further occurrences and minimise risks to patients.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Staff worked closely with other services to ensure that patients' needs were met. Patients' care and treatment was delivered in line with evidence based practice. The system for ensuring that patient referrals were promptly sent to other services, and reviewing the appropriateness of these required strengthening.

Importance was given to the continuing development of staff skills and knowledge to ensure the delivery of high quality care. However, the GPs had limited opportunities to attend regular clinical meetings to enable them to discuss new guidelines and agree changes to practice. Clinical audits were carried out to evaluate the services and to improve care and treatment, although not all audits were documented to a consistent standard, to demonstrate all outcomes being achieved and improvements made.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Feedback from patients was consistently positive about the level of care and the way staff treated them. Patients were treated with kindness, dignity and respect, and were actively involved in decisions about their care and treatment. Relationships between staff and patients were very positive and supportive. Results from the practice's and the national GP patient survey showed patients were happy with how they were treated. We observed that patients' privacy, dignity and confidentiality were maintained. Staff were caring and polite when dealing with patients.

Good



Summary of findings

Are services responsive to people's needs?

The services were flexible and were planned and delivered in a way that met the needs of the local population.

Patients were able to access care and treatment when they needed it, and most people could access appointments and services in a way, and at a time that suited them. The practice had good facilities and was well equipped to treat patients and meet their needs. There was a culture of openness and people were encouraged to raise concerns. Patients' concerns and complaints were listened to and acted on to improve the service, and were investigated and responded to in a timely way.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

The practice sought feedback from patients, which it acted on. The practice had a motivated staff team. There was effective teamwork and a commitment to improving patient experiences. There was an open, positive and supportive culture. Staff were actively supported to develop their knowledge and acquire new skills to provide high quality care. The clinical leadership and governance arrangements required strengthening, to further drive improvements and effectively monitor the quality and safety of services provided. The practice was undergoing various changes following the appointment of additional senior clinical staff..

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 provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of older people.

Patients over 75 years were invited to attend an annual health check, and had a named GP to provide continuity of care and ensure their needs were being met. Data showed that the practice was performing above others when compared with local and national averages in respect of the management of clinical conditions commonly affecting older people. For example; the practice performance in relation to Osteoporosis was 100% this was 16.7% percentage points above the CCG average and 16.6% points above the England average. The performance in relation to stroke was 100% this was 4% percentage points above the CCG average and 3.7% above the England average. Flu vaccination rates for the over 65s were 71%, which was above the CCG average of 63%. The practice identified patients who required additional support or were at risk of admission to hospital by recording this on their patient record. Care plans were in place to ensure that patients and families received appropriate care.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people with long-term conditions.

All patients had a named GP and were offered an annual review including a review of their medicines. Records showed that 1,473 patients out of 1,766 (83.41%) on the register with long-term conditions had received a health check in the last 12 months. Patients with long term conditions and other needs were reviewed at a single appointment where possible, rather than having to attend various reviews.

Nursing staff had lead roles in managing long-term conditions and completing patient reviews, having received appropriate training. Patients were educated and supported to self-manage their conditions, where able.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of families, children and young people.

Priority was given to appointment requests for babies and young children; they were seen the same day if unwell. Systems were in place for identifying and following-up children at risk of abuse, or living in disadvantaged circumstances. The practice worked in partnership with their named midwife and health visitor and school nurses to meet patients' needs. Childhood immunisation rates for the vaccinations given were comparable or above the CCG/national averages. Immunisation rates for vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 98.3% to 100%.

Children and young people were able to attend appointments outside of school and college hours. The practice provided maternity care and certain family planning services. The practice also provided advice and screening on sexual health for teenagers.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of working age people (including those recently retired and students).

Extended opening hours were provided two evenings a week to enable patients to access appointments at a time that suited them. Patients were able to book appointments in person, by telephone or on line. The practice offered health screening appropriate to the needs of this age group. This included health checks to patients aged 40 to 74 years, which included essential checks and screening for certain conditions. Data showed that the practice was on target for sending out invites to 1,831 eligible patients over a five year period, and achieving the 66% uptake by 2017/18, set by the CCG. Between 2013 and 2015 the practice sent 893 invites and 362 patients attended a health check (40.54% uptake). The practice provided travel advice and vaccinations through appointments with the practice nurses.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these

Requires improvement



Summary of findings

ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients whose circumstances may make them vulnerable. Patients had a named GP to provide continuity of care and ensure their needs were being met. Patients were invited to attend an annual health check. They were also offered longer appointments or home visits where needed. There were 25 patients on the learning disability register. A recent audit showed that 50% of eligible patients had received an annual health check in the last 12 months. Of these patients, none had a health action plan recorded. The practice worked closely with other services to ensure vulnerable people received appropriate care and support. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities to share information, record safeguarding concerns and how to contact the relevant agencies.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Patients were offered extended or same day appointments, where needed. The practice worked closely with relevant services to ensure patients' needs were regularly reviewed and that appropriate risk assessments and care plans were in place. There were 33 patients registered with poor mental health. Records showed that 32 out of 33 patients received a health check and had a care plan completed in the last 12 months. Patients were able to access counselling and psychological therapies at the practice, which enabled them to be treated locally.

Patients were supported to access emergency care and treatment when experiencing a mental health crisis. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) to check all was well in regards to their welfare. The practice screened appropriate patients for dementia, to support early referral and diagnosis where dementia was indicated.

Requires improvement



Summary of findings

What people who use the service say

We spoke with 15 patients during our inspection. Feedback from patients was consistently positive about the care and services they received and the way staff treat them. They said that they were treated with kindness, dignity and respect. They also thought the staff were approachable and caring. Patients said that they were able to access appropriate care and treatment when they needed it, with urgent appointments usually available the same day.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which praised the care patients received. We also spoke with a member of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. They told us they felt supported in their role to represent the views of patients to improve the service.

The national GP patient survey results published in July 2015 showed the practice was generally comparable with local and national averages. There were 115 responses and a response rate of 46%.

- 61% found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 82% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 78% 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 85%.
- 92% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 60% felt they don't normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.
- 69% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 91% said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 83% and a national average of 85%.

Clay Cross Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Clay Cross Medical Centre

Clay Cross Medical Centre is a partnership between two GPs providing primary medical services to approximately 6,100 patients. The main practice is at Bridge Street, Clay Cross, Derbyshire S45 9NG. The practice also has branch surgeries at Queen Victoria Road, Tupton S42 6ED and at New Road, Wingerworth S42 6TD, which we did not visit as part of this inspection.

The practice covers an area of higher deprivation and has a higher than average percentage of patients with a long standing health condition and aged 65 years and over.

The staff team includes ten administrative staff, a practice manager, and deputy practice manager, an advanced nurse practitioner, two practice nurses, two health care assistants, two GP partners and two salaried GPs. The staff team are female except for three male GPs.

The main practice is open between 8am and 6.30pm Monday to Friday. Appointments at this practice are from 8.30am to 11.30am every morning and from 3pm to 5.30pm daily. Extended hours surgeries are available on Mondays and Tuesdays from 6.30pm to 7.45 pm.

The practice does not provide out-of-hours services to the patients registered there. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

The practice holds a General Medical Services (GMS) contract to deliver essential medical services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This inspection was planned to check whether the provider was 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, we always ask the following five questions of every service and provider:

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

Detailed findings

- 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 15 September 2015. During our visit we spoke with a range of staff including the practice manager, deputy practice manager, advanced nurse practitioner, two practice nurses, a healthcare assistant, reception and administrative staff and the GP partners and a salaried GP. We observed how people were being cared for and talked with carers and family members. 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

Patients we spoke with told us they felt safe when using the service.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the approved National Reporting and Learning System (NRLS) to report patient safety incidents. An effective system was also in place to ensure that staff was aware of relevant safety alerts the practice received including medical devices, and that action was taken where needed.

There was an open approach for reporting safety incidents and significant events. We reviewed records, incident reports and minutes of meetings where these were discussed. Six significant events were recorded for the 2014 to 2015 period. The records showed that they had been appropriately reviewed and shared with clinical staff. For example, one incident involved a hospital discharge letter, which did not contain all essential information about a patient's condition and test results. The practice raised a concern regarding the lack of information with the relevant provider, and had put changes in place to review patients' results on discharge.

However, the systems in place for identifying, monitoring and learning from all incidents required strengthening. Not all incidents were documented to a consistent standard to ensure that all essential information was recorded. We did not see evidence that the lessons learnt from events were shared with all relevant staff and wider where appropriate, to improve patient safety and minimise further incidents.

Overview of safety systems and processes

Systems were generally in place to keep patients safe, although aspects of infection control, chaperone and staff recruitment procedures required strengthening.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and essential policies, which were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Two GPs were the lead in safeguarding adults and

children, and worked closely with the local safeguarding teams. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities to report concerns about a patient's welfare, and all had received training relevant to their role.

- A notice was displayed in the waiting room and on the practice's website, advising patients that a chaperone was available during an examination, if required. All staff who acted as chaperones were trained for the role. However, several non-clinical staff who undertook this role had not 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 vulnerable).
- Following the inspection, we received assurances that the practice had applied for a DBS check in regards to relevant non-clinical staff. They would not undertake chaperone duties until a DBS check had been obtained.
- There were procedures and systems in place for monitoring and managing safety risks to patients, staff and visitors. These included regular checks of the building, equipment, medicines management and dealing with emergencies. A health and safety policy was available.
- All electrical and clinical equipment was checked to ensure the equipment was safe to use, and was working properly.
- At the time of the inspection, certain records were not available to show that essential health and safety checks were carried out at the required intervals, including servicing of the fire extinguishers, the fire alarm system and emergency lighting. Following the inspection, we received written assurances that all essential checks had been, or were due to be carried out.
- Appropriate standards of cleanliness and hygiene were generally followed. We observed the premises to be clean and tidy. A cleaning schedule was in place. However, this did not include regular cleaning of the carpets. The carpet in the waiting room and main corridor contained various stained and unsightly areas. The consultation/clinical rooms contained disposable privacy curtains. Staff we spoke with could not recall when the carpets were cleaned or when the disposable curtains were changed, and records were not available

Are services safe?

to show this. The chairs in the waiting area were fabric, which meant that they could not be easily cleaned. The practice was taking action to replace these with wipeable chairs that were more hygienic.

- One of the practice nurse's was the infection control 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. The practice manager assured us that an internal infection control audit was completed annually. Records showed that an infection control audit was completed on 15 July 2015. This showed that appropriate practices were being followed, and included action taken to address any improvements identified. A copy of the previous audit was not available.
- Procedures were in place to ensure the safe and appropriate management of medicines (including obtaining, prescribing, recording, handling, storing and security. Prescription pads were securely stored and there were systems in place to monitor their use.
- Three files we reviewed relating to staff that had recently been employed did not include all the recruitment checks and information required by law. For example, two files did not request or contain any information about any physical or mental health conditions, relevant to the person's ability to carry out their work.
- The practice's recruitment policy required proof of a DBS check for staff, when appropriate. The practice manager told us that the practice obtained a DBS check for new clinical staff. However, they accepted a check up to three years old from an applicant's previous employer, as part of its recruitment checks. Two clinical staff files we reviewed contained a DBS check from their previous employer. The practice did not obtain a DBS check for non-clinical staff. Records were not available to show that a robust DBS risk assessment had been completed for non-clinical staff, to help determine their suitability to work with vulnerable people.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. Staff we spoke with felt that there was sufficient staff on duty to meet patients' needs. Our findings supported this. The practice had experienced GP shortages due to recruitment difficulties. During the last two years the practice had used yearly fixed term locum GPs to maintain the national GP to patient ratio and continuity of care. At the time of the inspection the practice was fully staffed, having recently appointed an additional salaried GP and an advanced nurse practitioner. One salaried GP was due to leave, and the GP partners were actively recruiting to this post.

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. Emergency medicines and equipment were available to staff, including a defibrillator and oxygen with adult and children's masks. There was also a first aid kit. A book was available to record accidents that occurred at the practice. However, not all entries recorded all necessary information. The practice manager agreed to address this issue.

Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. Senior managers agreed to review access to medicines used to treat extreme allergic reactions and anaphylactic shock, as these were not easily accessible in one place in the event of an emergency. All the medicines we checked with the exception of a box of hydrocortisone ampoules were in date and fit for use. An in date supply of hydrocortisone was available, and the out of date ampoules were immediately replaced.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients we spoke with told us they received appropriate care and treatment. Comment cards we received from patients, and feedback from senior staff at the main care home where patients were registered with the practice also supported this.

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.

Standard templates were available for all major conditions, which act as a reminder of best practice and ensure the correct data is obtained. The nursing staff used a standard approach and templates for the management of long-term conditions, although two GPs we spoke with were not familiar with the templates.

The nurses attended weekly clinical meetings, where changes to practice and best practice guidelines were discussed. Minutes of meetings we looked at supported this. The GPs told us that they met informally most days to discuss clinical issues and practice, although this was not recorded. Due to work demands and vacancies there had been limited opportunities for GPs to attend regular formal meetings, to discuss and agree changes to practice. Senior managers planned to re-establish regular meetings, now the service was fully staffed.

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. Results from the 2013/2014 QOF showed that the practice achieved 98.2% of the total number of points available, and their performance was above the national and local average in 18 out of the 20 clinical areas assessed. For example, data showed;

- Performance for asthma related indicators was 100% which was above the CCG average by 2.8% and 2.8% above the national average.
- Performance for diabetes related indicators was 99.9%, which was above the CCG average by 9.3% and 9.8% above the national average.
- Performance for dementia and depression clinical indicators was 100%, which was above the CCG average by 3.9% and 6.6% above the national average.

Clinical audits were carried out to demonstrate on-going quality improvement and effective care and treatment. We saw that three of the audits completed in the last two years, were completed audit cycles, where the improvements made were implemented and monitored. However, not all audits we looked at were documented to a consistent standard, to clearly demonstrate all outcomes being achieved and improvements made.

The practice participated in applicable local audits and benchmarking. Findings were used by the practice to improve services. The practice had sourced support from the CCG to establish a buddying system with another practice to implement best practices.

The clinical staff undertook specific clinical lead roles. For example, one of the GPs was the lead in diabetes, atrial fibrillation and substance misuse. The clinical skill mix had increased following the recent appointment of an additional GP and an advanced nurse practitioner. The practice planned to restructure and further develop lead roles in monitoring and improving outcomes for patients, to ensure a practice wide approach to care and treatment.

Data for the period 1 July 2013 to 30 July 2015 showed that the practice had the highest overall rate of referrals to secondary care in the Hardwick CCG. Over the last 12 months a GP from another CCG practice had visited to peer review the appropriateness of the practice's referrals. As a result of this, the practice had implemented new referral pathways commissioned by the CCG and local hospital, which had given more structure and continuity for the clinicians.

Data for the period 1 July 2014 to 30 July 2015 showed that eight out of ten referrals to the top specialities had reduced compared to the previous year. There were plans to put an internal clinical peer review system in place for referrals to secondary care, to review the appropriateness of these prior to them being sent.

Are services effective?

(for example, treatment is effective)

The practice also had the third highest emergency admission rates for the locality in regards to 19 chronic conditions, for which it should be possible to prevent acute exacerbations and reduce the need for hospital admission. The practice had explored the reasons for the high rates, and had put further support and systems in place to reduce admissions. For example, the senior practice nurse now visited housebound patients with long term conditions, to carry out blood tests, provide education and ensure they received regular checks of their health needs. Data for the period 1 July 2014 to 30 July 2015 showed that emergency admission rates had reduced slightly compared to the previous year.

The practice had the highest prescribing budget overspend compared with other local practices. The surgery was working closely with the local Clinical Commissioning Group medicines team to help reduce the budget, in line with best practice guidelines for safe prescribing. Regular medication audits were carried out with the support of the pharmacy team, to monitor the practice's prescribing. A member of the medicines team worked one day a week at the practice to review the high spending medicines prescribed, and suggest other alternatives.

The practice covered an area of higher deprivation and had a higher than average percentage of patients with a long standing health condition, and aged 65 years and over. The practice had identified that this had impacted on their referral figures, admission rates and prescribing budget.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The appointment of a fulltime advanced nurse prescriber had allowed for more holistic nurse-led patient care. Staff told us they worked well together as a team. Our findings supported this.

- Two new staff we spoke with told us they had received appropriate induction training specific to their role to enable them to carry out their work, which they found helpful. We noted that the induction process and checklist in place for newly appointed members of staff covered essential information such as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals and meetings. We were assured that all staff had had an appraisal within the last 12 months or had a date set for this. We highlighted one

member of staff who had previously had an appraisal in September 2013, and was due their next one in October 2015. This was not in line with the provider's own policy to provide an annual appraisal.

- All GPs were up to date with their yearly continuing professional development requirements, and had either been revalidated or had a date for revalidation.
- Importance was given to the continuing development of staff skills and knowledge to ensure the delivery of high quality care. All staff we spoke with praised the level of training, personal development and support they received.
- Records showed that staff had attended various training relevant to their role. This included training the practice considered to be mandatory such as infection control, fire safety and basic life support. Staff had access to and made use of e-learning training modules and in-house training. A monthly protected learning event was also held, which staff were supported to attend.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and their intranet system. This included care and risk assessments, care plans, medical records and test results.

All relevant information was generally shared with other services in a timely way. However, there had been two incidents in 2015, where there had been a delay in sending urgent hospital referrals. Following the incidents, the practice had made some improvements to the referral processes. We were made aware of a further recent incident where there had been a delay in sending a non-urgent referral, which the practice had addressed.

Staff worked together and with other health and social care services to meet the range and complexity of people's needs, and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that various multi-disciplinary team meetings took place, and that care plans were routinely reviewed and updated. For example, the practice held weekly meetings to discuss all adults with complex needs, including vulnerable people and those at risk of harm or unplanned admission to hospital.

Are services effective?

(for example, treatment is effective)

The practice worked closely with a community matron, whose role was beneficial in providing a direct point of contact, and ensuring patients and families received integrated care. Monthly children's meetings were also held to discuss all patients in vulnerable circumstances and at risk of abuse. These meetings were attended by the practice's clinical staff, health visitor and midwife.

Consent to care and treatment

Patients we spoke with told us that they were involved in decisions and had agreed to their care and treatment.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff we spoke with were also aware of the Mental Capacity Act 2005 and their responsibilities to act in accordance with legal requirements. However, records were not available to show that the nursing and administrative staff had received relevant training to ensure they understood the key parts of the legislation, and how they applied this in their practice.

We saw evidence that written consent had been obtained, where required. When providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those in vulnerable circumstances, those with long term conditions and older people and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. For example, the practice's uptake for the cervical screening programme was 77.1%, which was comparable to the CCG average of 77.1% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 98.3% to 100%. Flu vaccination rates for the over 65s were 71%, and at risk groups 47%. These were above the CCG 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

Feedback from patients was consistently positive about the care and the way staff treated them. They told us that staff responded compassionately when they needed help and provided support when required. They described the staff as friendly, helpful and caring, and said that they were treated with kindness, dignity and respect. They also said that they felt listened to, and that their views and wishes were respected.

We also spoke with a member of the patient participation group (PPG) on the day of our inspection. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. They also told us they were satisfied with the care provided by the practice, and said their dignity and privacy was respected.

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, and that people were treated with dignity and respect. 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 and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

- 91% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 83% 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%

- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

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 supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also very positive and aligned with these views.

Results from the 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line or above local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw that information was available on the practice's website informing patients this service was available, but it was not displayed in the surgery.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted staff if a patient was also a carer. There was a practice register of all people who were carers. The practice list had identified 43 patients as carers and they were being supported, for example, by

Are services caring?

offering health checks and referral for social services support. Written 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, their usual GP contacted or visited them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice was involved in a project, which had identified suitable patients with chronic obstructive pulmonary disease (COPD) to participate in a nebuliser pilot. Clinical staff provided education and support to patients on how to use the nebuliser and manage their lung condition, and ensure they had a supply of anticipatory medicines at home to help reduce the need for hospital admission. The practice and the CCG was reviewing improvements the project had made to patients quality of life.

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

- The practice had 120 patients who misused substances. The GP lead for substance misuse held weekly shared care clinics with the local community pharmacist, which enabled patients to be treated at the practice. Temporary patients could also receive treatment. The practice was not funded to provide this service.
- A practice initiative involved the senior practice nurse visiting housebound patients with stable long term conditions, to carry out blood tests, provide education and ensure they received regular checks of their health needs. This primarily included heart failure patients, as the practice had recognised these patients were most at risk as some had limited involvement with healthcare and other services.
- The practice was working with the British Lung Foundation and the CCG to establish a forum for patients and their carers to provide support and advice.
- There were longer appointments available for people who needed these including patients with a learning disability or poor mental health.
- The practice offered extended hours on a Monday and Tuesday evening until 7.45pm for working patients, and others who could not attend during normal opening hours.
- Home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.

- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The main practice was open between 8am and 6.30pm Monday to Friday. Appointments at this practice were from 8.30am to 11.30am every morning and from 3pm to 5.30pm daily. Extended hours surgeries were available on Monday and Tuesday evening. In addition to appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The recent appointment of an additional GP and an advanced nurse practitioner had increased access to appointments from an average of 431 a week to around 505 a week. The practice planned to re-introduce telephone consultations and a triage system by 1 November 2015, to further improve access to the service.

Results from the 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment, was less comparable in areas to local and national averages. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 60% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 53% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Alternatively, all feedback from patients on the inspection was positive about access to the service and appointments. They said that they were able to get appointments when they needed them, with urgent appointments usually available the same day. They also said that they did not usually have to wait long to be seen when attending the practice.

The practice and the patient participation group carried out a survey in 2014 regarding access to the service, to

Are services responsive to people's needs?

(for example, to feedback?)

establish how patients preferred to contact the surgery and when they preferred to be seen. The practice changed the appointment system in response to feedback they received.

The majority of staff had worked at the practice for a number of years, which ensured continuity of care and services. Patient feedback we received and data reviewed showed that continuity of care was not an issue of concern. For example, national patient survey data showed 69% of patients with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.

Listening and learning from concerns and complaints

The practice had procedures in place for handling complaints and concerns. The practice manager was responsible for handling all complaints in the practice. Staff told us where possible; concerns were dealt with on an informal basis and promptly resolved. We saw evidence of this.

Patients we spoke with said they felt listened to and were able to raise concerns about the practice. Most patients were aware of the process to follow if they wished to make a complaint.

We noted that information was available to patients to help them to understand the complaints procedure on the

practice's website and at the surgery. However, the practice's complaints procedure and information available to patients, did not clearly state that patients could direct their complaint to NHS England area team rather than the practice, in addition to contacting the Parliamentary Health Service Ombudsman to investigate second stage complaints. The practice manager agreed to update the complaints procedure and information available to patients to include the above information and contact details.

The practice had received two complaints in the last 12 months. The records showed that the complaints had been acknowledged, investigated and responded to in line with the practice's policy, in a timely and open way. Not all written responses to patients, advised people who they could refer their complaint to, if they were unhappy with how it had been investigated, or it had not been resolved to their satisfaction. The practice manager agreed to include this information in future responses.

Lessons were learnt from concerns and complaints and action was taken to improve the quality of care and services. For example, in response to concerns about prescriptions not been ready for collection at the given time, the practice had reviewed the system for issuing them.

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 clear vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with knew and understood the aims of the service, and what their responsibilities were in relation to these.

The vision and future plans for the practice were not formally set out in the form of a business plan. However, senior managers were clear as to the short and long term plans for the service, and were able to demonstrate a commitment to on-going improvements. The practice was undergoing various changes following the recent appointment of further senior clinical staff.

Governance arrangements

The governance arrangements generally supported the delivery of good quality care. The procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Senior managers held regular meetings to discuss the business, finances, and
- performance.
- Practice specific policies were implemented and were available to all staff.

However, we highlighted areas where the governance arrangements required strengthening including the monitoring of staff recruitment checks, incidents and significant events, and clinical audits to ensure the quality and safety of services provided.

Various internal and external meetings took place to aid communication and continually improve how the practice delivered services to patients. However, the GPs had limited opportunities to attend regular clinical meetings to discuss new guidelines and agree changes to practice.

The practice had commissioned an external agency to undertake a review of its systems and processes during the week commencing 27 July 2015, with a view to improving the effectiveness of the service. A meeting was due to be held on 8 October 2015 to review the report findings, and agree actions plans where improvements are needed.

Leadership, openness and transparency

There was effective teamwork and a commitment to improving patient experiences. Staff we spoke with were clear about their roles and responsibilities, and felt that the practice was well managed. They told us that the partners and senior managers provided clear leadership.

The culture and leadership empowered staff to carry out lead roles, and innovative ways of working to meet patients' needs, and to drive improvements. The partners and senior managers were visible in the practice, and staff told us that they were approachable and take the time to listen to all members of staff.

The clinical leadership required strengthening to ensure a practice wide approach to care and treatment in line with best practice. The GP partners acknowledged that the GP shortages over recent years had impacted on the ability to provide effective clinical governance. Following the recent appointment of additional senior staff, the partners planned to further develop clinical lead roles in monitoring and improving outcomes for patients.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues, and were confident in doing so and felt supported if they did. Staff said they felt valued and supported by all senior staff in the practice. There were high levels of staff satisfaction and engagement. 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.

Whilst various team meetings were held, there had been limited opportunities for staff to meet together as a full team due to workloads and staffing shortages. Senior managers planned to re-establish regular meetings, now the service was fully staffed.

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

The practice encouraged and valued feedback from patients, actively gaining patients' views and engaging them in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), recent surveys and complaints received. There was an active PPG which met on a regular basis, who carried out patient surveys and submitted proposals for

Are services well-led?

Requires improvement 

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

improvements to the practice management team. For example, a new telephone supplier and improved phone system had recently been installed to improve access for patients, in response to feedback.

The practice had also 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. They felt involved and engaged to improve how the practice was run.

Innovation

There was a strong 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 lead GP and practice nurse were involved in a project for patients with atrial fibrillation (a heart condition that causes an irregular heart rate). The project involved reviewing patient's condition and management to ensure they were receiving the most appropriate and effective treatment. The practice and the CCG project would review outcomes for 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
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) & (2) HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Effective recruitment procedures were not followed to ensure all persons employed were of good character, and that the information specified in Schedule 3 was available. Also, not all staff who undertook chaperone duties had received a disclosure and barring check or risk assessment.</p>