

Cumberland House

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 Cumberland House on 9 May 2016. Overall the practice is rated as requires improvement.

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.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available but not easily accessible. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and some staff felt supported by management. The practice proactively sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour

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

Importantly, the provider must:

- Ensure that appropriate checks are undertaken to ensure vaccines are always stored in line with manufacturers' guidelines.

Summary of findings

- Ensure a robust system is in place for the monitoring of high risk drug prescribing which includes ensuring patients receive the necessary monitoring before medicine is prescribed.
- Develop a robust system to follow up and document outcomes for children who do not attend hospital appointments or who were frequent hospital attenders.
- Ensure that the requirements of the fire risk assessment are met.
- Record the actions taken in response to alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Consider carrying out a risk assessment on the floor covering in the Health Care Assistant's room.
- Review the way in which patients who are carers are identified and recorded.
- Consider making the information about the practice's complaints procedure more accessible to patients.

In addition the provider should:

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 was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The arrangements in place for managing medicines such as vaccinations and high risk medicines were not sufficiently robust.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example fire safety.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patient satisfaction scores for consultations with nurses were slightly above average.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services.
- Urgent appointments were available the same day and appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available but could be more readily accessible. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- 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 but not all staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Recruitment and retention difficulties had resulted in the practice's Quality and Outcomes Framework (QOF) performance being below the national and CCG average.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. Arrangements to monitor and improve quality and identify risk needed strengthening.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people.

The provider was rated as requires improvement for 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Each day a doctor was on call for medical emergencies. The practice provided medical cover to eight local nursing homes alongside a neighbouring practice.
- Patients within this population group had a named GP, which promoted continuity and an in-depth knowledge of the patient.
- A phlebotomy service was offered at the surgery, which minimised the travelling for older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patients at risk of hospital admission were identified as a priority. The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions was below the National average.
- Nursing staff had lead roles in chronic disease management, including diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators were comparable to the CCG and national average.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the last 12 months was 97%, which was higher than the national average of 90% and the CCG average of 94%.

Requires improvement



Summary of findings

- GP worked with relevant health and care professionals to deliver a multidisciplinary package of care patients with the most complex needs.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Pre and post-natal services were provided and patients had access to a Community Midwife who held clinics at the practice.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children.
- The practice had systems in place for safeguarding children.
- The practice's uptake for the cervical screening programme was 78% which was comparable to the CCG average of 80% and the national average of 82%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

The provider was rated as requires improvement for 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 was proactive in offering online services for booking and cancelling appointments and requesting repeat prescriptions.
- Extended hours appointments were not offered at this practice but patients could access GP services through affiliated practices locally.
- The practice offered pre-bookable appointment both at the start and at the end of the working day specifically to cater for working patients who wanted to book ahead.
- Where a patient requested an emergency appointment, the on-call doctor telephoned the patient to arrange a suitable time for them to be seen.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The provider was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- A Child Protection Register was maintained and updated. However, the practice did not have a robust system to follow up and document outcomes for children who had not attended hospital appointments or who were frequent hospital attenders
- The practice was developing a register of adult patients living in vulnerable circumstances.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was below the national average of 84% and CCG average of 83%.
- Performance in two mental health related indicators was slightly above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 92% compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental

Requires improvement



Summary of findings

health, including those with dementia. Patients were referred when necessary for support from other agencies for example Community Mental Health Services, Emotional Wellbeing, CAMHS and dementia team.

- Mental health services at the practice were led by an identified GP. Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages with the exception of how easy it was to get through to the practice by phone. Two hundred and forty six survey forms were distributed and a hundred and twenty five were returned. This represented 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 79%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national and CCG average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 88%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and CCG average of 83%.

- 94% of patients who the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern compared to the national average of 91% and CCG average of 93%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards. They were mostly positive about the standard of care received. Most Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that staff at the practice were welcoming, caring, understanding and accommodating with a pleasant manner. Patients commented that the practice was clean, safe and hygienic.

We spoke with five patients during the inspection. On the whole, patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients however commented that it was sometimes difficult to get through on the phone and to pre-book an appointment.

Cumberland House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second CQC Inspector.

Background to Cumberland House

Cumberland House is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services contract with NHS England. At the time of our inspection the practice was caring for 12,506 patients.

The practice is situated in Stone, and is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group. Car parking, including disabled parking, is available at this practice.

The practice area is one of less deprivation when compared with the local and national average.

A team of five GP partners (three male and two females), one female salaried GP, two practice nurses and a health care assistant, provide care and treatment to the practice population. They are supported by a practice manager, medical secretarial team, office manager and a team of reception staff.

The practice is a training practice and supports medical students.

The practice is open between 8.15am and 1.00pm and 2.00pm and 6.30pm Monday to Friday.

Consultation times with GPs are available in the mornings from 8.30am to 11.50am on Monday to Friday. Afternoon appointments with GPs are available from 2.00 pm, 2.35pm and 3.40 pm from Monday to Friday.

When the surgery is closed the phones lines are automatically transferred to the out of hours provider. Out of hours care is provided by Staffordshire Doctors Urgent Care Ltd.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

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 the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 09 May 2016.

During our visit we spoke with a range of staff including the GPs, Practice Nurse, Health Care Assistant, Practice Manager, members of the reception team and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the duty GP and practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff commented that they felt comfortable about raising concerns and felt fully involved in learning about the outcome of significant events.
- The practice had recorded seven significant events in the previous year. Significant events were investigated, discussed at clinical meetings and, where necessary, changes were made to minimise the chance of reoccurrence. For example, we saw learning following a potential breach in confidentiality.

The practice had a system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager received the alerts and cascaded them by email to clinicians who would discuss at practice meetings. We saw that the practice did not always record the actions they had taken in response to alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff knew how to access the policies. The policies 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 a named deputy in their absence. The GPs always provided case reports where necessary for other agencies. Staff demonstrated they understood their responsibilities

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had received level two training and health care assistant had received level one training. Staff were made aware of children with safeguarding concerns by computerised alerts on their records. However, we found the practice did not have a robust system to follow up and document outcomes for children who had not attended hospital appointments or who were frequent hospital attenders.

- Notices on display advised patients that chaperones were available if required. Information of how to request a chaperone was also available on the practice's website. Only clinical staff acted as chaperones. Staff were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 lead. She attended meetings with the local infection prevention team to keep up to date with best practice and disseminated information to staff. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had achieved a 100% score for the use of personal protective clothing and the disposal of clinical waste and sharps. We noticed that the health care assistant's room was carpeted. Staff confirmed that this room was used to take patients' blood. Due to the risk of bodily fluid contamination, this was not in line with current nationally recognised guidance.
- There was not a robust system in place for the monitoring of high risk drug prescribing. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine was not robust. For example, the practice could not provide

Are services safe?

evidence that 37% of patients who were on a high risk drug for the treatment of rheumatoid arthritis had received blood monitoring or that the results had been checked prior to GPs issuing a repeat prescription.

- We identified 34% of all patients on medicines for their cardiovascular system were overdue blood monitoring. Some of these patients were up to 60 months overdue a blood test. The practice did not have a protocol for managing patients who were not compliant with their monitoring.
- There were two fridges in the practice used for the cold storage of vaccines. We checked the recording of the temperatures in both fridges. We found a number of gaps in the records showing that the fridge temperatures had not been checked on a number of occasions. For example, within the last two months, appropriate temperature checks had not taken place on eight working days.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Medicine to treat a sudden allergic reaction was available.
- The local medicines management teams had undertaken audits, to ensure prescribing was in line with best practice guidelines for cost efficiency. Practice nurses used Patient Group Directions (PGDs) to administer medicines. These were found to be current and up to date.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for those members of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- The practice had an identified lead person responsible for health and safety. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had an up to date fire risk assessments in place however, the practice had not carried out checks in line with the risk assessment. For example, the fire alarm had not been tested by staff at the practice since October 2015 although it was tested by an external contractor on a quarterly basis. The most recent fire evacuation drill performed was in September 2014 in response to two incidents when the fire alarm sounded. This was not in line with the requirements of the practice's own fire risk assessment, which stated that fire alarm testing should be performed weekly and evacuation drills should be performed twice yearly.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. A panic button was also fitted in each room.
- Emergency procedures were covered during staff induction training and all staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included automated external defibrillators (AEDs), (which provides an electric shock to stabilise a life threatening heart rhythm) and oxygen with adult masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Medicine to treat a sudden allergic reaction was available.

Are services safe?

- The practice had a recently updated, comprehensive business continuity plan in place for major incidents such as power failure, building damage or incapacity of staff. The plan included emergency contact numbers for staff and copies were kept off site.

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 used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and is effective in reducing referrals.
- The practice demonstrated that they followed the NICE guidelines to ensure the best care possible for patients with chronic diseases. For example, the practice facilitated a consultant to visit the practice to review patients with Atrial Fibrillation, which had been helpful in reviewing and changing to more effective anticoagulants.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 86% of the total number of points available. This was lower than the national average of 95% and the CCG average of 95%. Clinical exception rate was 10%, which was in line with the CCG rate of 11% and the national rate of 9%. (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).

Data from October 2015 showed:

- The percentage of patients with COPD who had a review undertaken including an
Assessment of breathlessness in the last 12 months was 97%, which was higher than the national average of 90% and the CCG average of 94%.

- Performance in the two of the three mental health related indicators were slightly above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 92%, compared to the national average of 88% and the CCG average of 89%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75% which was below the national average of 84% and CCG average of 83%. The practice explained that the lead GP for dementia had left which impacted on the results in this area.
- The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population was comparable to the national and local averages.
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less was 66%. This was below the national average of 84% and the CCG average of 82%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol was 67% which was lower than the national and CCG average of 76%
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 65%, which was lower than the national average of 78% and the CCG average of 73%
- Performance for other diabetes related indicators were comparable to the CCG and national average.

Information made available to us during the inspection showed that the practice's QOF performance for year 2015/2016 was lower than previous year. The practice told us that the difficulties in staff recruitment and retention had impacted on their QOF performance.

There was evidence of quality improvement including clinical audit. There had been four clinical audits completed in the last two years. One of these audits checked to ensure patients on epipen for the treatment of

Are services effective?

(for example, treatment is effective)

anaphylaxis had the correct dose prescribed in line with changes made by the resuscitation council. After dissemination of the information, the results for the patient improved by 39%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Newly appointed staff were given time to shadow experienced members of staff. Competencies would be assessed and signed off once achieved.
- Staff had access to appropriate ongoing training to meet their learning needs and to cover the scope of their work including safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. All staff participated in monthly protected learning time sessions where they would either discuss areas for learning in-house or attend sessions organised by the CCG.
- Staff attended role-specific training for example diabetes management and asthma. Staff administering vaccines told us they stayed up to date with changes to the immunisation programmes, for example through accessing on line resources and attendance at arranged sessions via the CCG.
- The learning needs of clinical staff were identified through a system of appraisals. Staff told us they had received an appraisal within the last 12 months.
- At the time of the inspection, the whole of the staff team were under a lot of pressure due to providing cover for holidays, sickness and vacancies. Due to the retirement of the senior partner and the relocation of another GP partner and the loss of a salaried GP, the practice had lost between eight and 16 clinical sessions per week within the same year. These sessions were covered by increasing sessions within the partnership and the use of locum GPs. Plans were in place for filling these vacancies and the practice hoped to be fully staffed from September 2016.

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. The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services.

Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals every six to eight week when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent could be monitored through the practice's electronic records.

Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 78% which was comparable to the CCG average of 80% and the national average of 82%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 71% of eligible females aged 50-70 had attended screening to detect breast cancer. This was slightly lower than the CCG average of 80% and the national average of 82%.

Are services effective?

(for example, treatment is effective)

- 63% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% and five year olds from 90% to 97%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout the inspection, we observed members of staff being courteous and very helpful to patients and treated them with dignity and respect.

Curtains and or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We observed staff knocking on doors and waiting for a response prior to entering. Reception staff told us they offered patients a quiet area should they want to discuss sensitive issues.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 246 patients to submit their views on the practice, a total of 125 forms were returned. This gave a return rate of 51%.

We spoke with a total of 5 patients, two of which were members of the patient participation group (PPG). We also collected 33 patient Care Quality Commission comment cards. Patients told us they were satisfied with the care provided by the practice and said they were respected. They told us that staff at the practice were very friendly, accommodating and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or slightly below local and national averages for its satisfaction scores on consultations with GPs. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

Satisfaction scores for consultations with nurses were slightly above average with 94% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded less favourably to questions about their involvement in planning and making decisions about their care and treatment, Compared with local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Electronic checking screen was available in several languages, to aid patient whose first language was not English. Staff told us that they would call language line should they need translation services.

Patient and carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. Patients told us that staff go above and beyond to help them.

The practice had identified 41 patients as carers (0.3% of the practice list). Staff told us that they were in the process of updating this list. Staff told us that they kept a carers information folder at the practice, which included information leaflets for patients who were also patients. The information directed carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- Pre-bookable appointments were available both at the start and the end the working day specifically to cater for working patients who wanted to book ahead.
- Reception staff were alerted to book longer appointments for patients with complex medical needs and people with additional needs such as a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included for routine and emergency consultations.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. We observed receptionist offering an after school appointment for a child so that they avoided missing lessons.
- Patients were able to receive travel vaccinations. The practice is a recognised Yellow Fever Centre.
- The practice nurse had undertaken additional training to enable them to provide additional services, for international normalised ratio (INR) testing. (INR is used to monitor patients who are being treated with the blood-thinning medicine warfarin). This flexible approach to care provided choice and continuity of care.
- There were disabled facilities, a hearing loop and translation services available via language line.
- The treatment rooms were all located on the ground floor of the building.
- Baby changing facilities were available.

Access to the service

The practice was open between 08:15 and 1.00pm and 2.00pm and 6.30pm Monday to Friday. Consultation times with GPs were available in the mornings from 8.30am to 11.50am on Monday to Friday. Afternoon appointments with GPs were available from 2.00pm to 4.20pm on Monday, 2.35pm to 5.35pm on Tuesday, 3.40pm to 6.00pm on Thursday and 2.00pm to 5.00pm on Friday

Extended hours appointments were not offered at this practice but patients could access GP services through affiliated practices locally. Information for patients on the extended hours services was available at reception and on the practice's website. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them through the duty system. At times of high demand, the practice was supported by the Acute Visiting Service (AVS). This service assisted the practice with meeting the needs of patients requiring urgent medical service at their home including nursing homes. The practice provided medical cover to eight local nursing homes alongside a neighbouring practice.

When the surgery was closed the phone lines were switched to an answering machine message that instructed patients to dial 111 or 999 if it was an emergency.

Results from the national GP patient survey Results published in January 2016 showed that patient's satisfaction with opening hours and access via the phone were below average. For example

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

Since the publication of these results, and in response to feedback from the Patient Participation Group, the practice had installed a new telephone system to improve patient access via the telephone.

- Results from the national GP patient survey also showed that: 67% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%

Are services responsive to people's needs?

(for example, to feedback?)

- 89% of patients said the last appointment they got was convenient, compared with the CCG average of 93% and the national average of 92%.

Patient satisfaction with access to care and treatment was above average. For example

- 78% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average and national average of 76%
- 69% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 61% and national average of 58%.

Some people told us on the day of the inspection that it was sometimes difficult to pre-book appointments when they needed them and it was difficult sometimes to get through on the phone. The practice was aware of this difficulty and had plans for addressing it.

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. The practice manager was the designated responsible person who handled all complaints in the practice.

The practice's information leaflet informed patients that there was an "in-house" complaints procedure. A copy of the practice's complaints procedure was not available in reception, instead patients were advised to ask for a leaflet or contact the practice manager. Patients spoken with on the day were not aware of how to raise concerns about the service.

The practice kept a complaints log for written and verbal complaints. We looked at two complaints received in the last 12 months. They were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the complaints procedure was discussed at a team meeting following a complaint that staff had not dealt with a patient's complaint and instead had referred the complainant to a telephone number.

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 which was to work in partnership with patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, although improvements were required in some areas.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Lead roles were clearly defined.
- Practice specific policies were implemented and were available to all staff via their shared drive. Staff told us that systems were in place for notifying any changes in policies to inform them when policies were updated.
- Recruitment and retention difficulties had resulted in the practice's Quality and Outcomes Framework (QOF) performance being below the national and CCG average for the year 2014/2015. Each long-term condition included in the QOF had a lead GP overseeing the quality of care in those domains. Each liaised with the office manager, who was responsible for recalling patients at appropriate intervals.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice however needed to improve in some of these areas, for example the monitoring of high risk medicines.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, and capability to run the practice. They told us they prioritised safe, high quality and professional care.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of

services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place but not all staff felt supported by the management.

- Staff told us the practice held regular team meetings.
- Some staff said they felt respected, valued and supported.

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 the NHS Friends and Family Test and complaints received. The PPG was established approximately four years ago and met about two to three times per year. Members of the PPG told us that they had an extremely positive relationship with the practice manager and one of the GP partners who meet with them to discuss suggestions for practice development. Patient opinions were actively considered and made part of practice policy, for example implementing the new telephone system. Although the PPG meetings were minuted, these minutes were not widely available for other patients to see and the group was not well promoted.
- The practice had gathered feedback from staff through discussions during protected learning time and generally through staff meetings, appraisals and discussion. Some staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However some staff did not feel listened to or supported by the management team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Protected time was given to staff to complete training.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The practice could not demonstrate that appropriate checks were undertaken to ensure vaccines were always stored in line with manufacturers' guidelines.
Maternity and midwifery services	There was not a robust system in place for the monitoring of high risk drug prescribing which included ensuring patients had received the necessary monitoring before prescribing of the medicine.
Surgical procedures	The practice was not meeting the requirements of the fire risk assessment, namely the testing of the fire alarm system and ensuring fire evacuation drills were regularly performed.
Treatment of disease, disorder or injury	Regulation 12 (1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Family planning services	There was not a robust system to follow up and document outcomes for children who had not attended hospital appointments or who were frequent hospital attenders.
Maternity and midwifery services	Regulation 13 (2)
Surgical procedures	
Treatment of disease, disorder or injury	