Dr Pal & Partners

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Good**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Pal and Partners (The Parks Medical Practice)

on 17 March 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing effective, caring, responsive and well led services. It requires improvement for providing safe services. It was good for providing services for all the population groups we assessed.

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

- Staff understood and fulfilled their responsibilities to raise and raise concerns.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had systems to manage and review risks to vulnerable children, young people and adults. Staff were trained on safeguarding patients from abuse and harm.
- Medicines were stored securely and stocks were well organised.
- On the day of the inspection the practice was clean, tidy and well organised. Staff reported high standards of cleanliness were provided at all times and problems are dealt with promptly.
- Staff were trained in basic life support skills so they knew what to do in the event of an emergency.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff received training appropriate to their roles.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Generally patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- Longer appointments were also available for patients who needed them including those with long-term conditions.

Summary of findings

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

Importantly, the provider must:

- Ensure a Disclosure and Barring Scheme check is completed for all staff who act as a chaperone.
- Ensure full pre-employment checks are completed, including Disclosure and Barring Scheme checks, prior to staff being employed to ensure they are suitable for their role.

There were also areas of practice where the provider needs to make improvements. In addition the provider should:

- Ensure detailed records are kept when reviewing significant events to show what action was taken as a result of the review or if the issue was reviewed later.
- Ensure left over medicines are returned to the supplying pharmacist for the purpose of auditing and monitoring.
- Ensure a spills kit is available to ensure the prevention of cross infection.
- Ensure an infection control audit is completed to assess and monitor the standards of cleanliness in the building.
- Ensure a more robust appraisal system needs to be implemented to ensure staff have the formal support and supervision they need to carry out their work.

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?

Requires improvement

The practice is rated as good for providing safe services. The practice used a range of information to identify risks and improve patient safety. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement to service provision. The practice had systems to manage and review risks to vulnerable children, young people and adults. Clinical and non-clinical staff had received training on safeguarding patients from abuse and harm. Appropriate recruitment checks had not been undertaken prior to employment.

Are services effective?

Good

The practice is rated as good for providing effective services. GPs referred to guidance from the National Institute for Health and Care Excellence and used it routinely in patient care. The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. The practice has a system in place for completing clinical audit cycles for the purpose of improving outcomes for patients. Formal one to one meetings were not provided; however, the practice manager was available to offer informal support to staff each day. A staff appraisal meeting was completed last year with most staff although the practice manager was aware that a more robust appraisal system needs to be implemented.

Are services caring?

Good

The practice is rated as good for providing caring services. We carried out telephone interviews with eight patients following the inspection. There was a mixed response to what patients felt about the way they were treated by GPs, although most told us they were happy with the service they received and were treated with respect and dignity by all of the staff. Patients described the service as very good with helpful caring staff who listen to what they have to say. Patients could have a copy of their care plan so they knew about their treatment plan. Patients who experienced mental health problems were referred to a counselling service or other support agencies which provide emotional support such as befriending services and Age uk.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had an understanding of their patient population and services were planned and delivered to meet patients' needs. Services included a substance misuse clinic for both registered and non-registered patients and a specialist drug counsellor was available to provide assessments, care plans and prescribing of interventions such as Methadone. The practice provided annual checks for patients suffering from mental health issues such as depression and Alzheimer's disease. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. The practice has a system in place for handling complaints and concerns.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice mission statement was to 'provide the highest quality health care available under the NHS to all patients with a well-trained and motivated staff team'. All staff spoken with upheld these values and were encouraged to do the best for the patients. The service had a clear governance structure where each staff member was aware of and accountable for individual responsibilities. GPs encouraged openness and promoted supportive relationships between all staff. Staff spoken with reported they had a good relationship with the GPs who they said were supportive and approachable. The GPs and staff team demonstrated they continuously strived to learn and improve services

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

Good

The practice is rated as good for the care of older people. The practice offered flu and shingles vaccinations Home visits were offered to patients who were unable to attend the surgery for acute health problems, annual reviews, blood tests and general checks. A named GP's was provided for all patients over the age of 75. The practice had developed an effective system for medicine reviews for patients who were prescribed multiple medicines to ensure that medicines were taken as prescribed and side effects were monitored. Referrals to secondary care services were made for patients with chronic long term conditions. Information was given to older people and their carers about outside support services such as Age UK. The practice prioritised end of life care for older patients ensuring they received prompt treatment and advice.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. An annual review of patients care needs was completed. A multi-disciplinary approach to care was in place and referrals to secondary care services for chronic long term conditions was made. Home visits were offered to patients who were unable to attend the surgery, for acute health problems, annual reviews, blood tests, general checks and vaccinations. The practice maintained a palliative care register to identify a patient's prognosis in line with the Gold Standard Framework for advanced care planning.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Nursing staff encouraged parents / carers to attend childhood assessments/vaccinations clinics and worked alongside other health professionals to inform parents / carers about the importance of attendance. Additional catch-up clinics were provided for patients who did not attend vaccination clinics first time around. Pre-natal and post-natal care and advice was given to expectant mothers. All children under five were offered an appointment on the day they contacted the surgery. Sexual health/ family planning clinics were available with a named GP. A community paediatric nurse provided advice and information to parents on preventing avoidable admissions to hospital and care to children with illnesses such as asthma, eczema. Clinical staff liaised with health visitors, school nurses and other healthcare agencies to support parents and carers.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). Appointments were available until 8pm three days a week. NHS health checks were offered to patients over the age of 40 and a well women and well man health checks were available for patients who did not fall into this category.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients with a learning disability were offered an annual health check. Whenever possible staff ensured that these patients were seen on the day they contacted the surgery or were given telephone advice with a clinician or GP. Patients and their relatives or carers were given information about support agencies when necessary. One of the GPs had overall responsibility for vulnerable adults safeguarding matters which ensured safeguarding matters were managed and monitored properly. The practice ran a substance misuse clinic for both registered and non-registered patients. A specialist drug counsellor wais available to provide assessments, care plans and prescribing of interventions such as Methadone.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including dementia). The practice provided annual checks for patients suffering from mental health issues such as depression and Alzheimer's disease. Whenever possible these patients were seen on the day they contacted the surgery or were given telephone advice with a GP or clinician. There was screening to detect early dementia and referrals to other services were made as appropriate. Support was offered to relatives and carers of patients with mental health issues such as providing information about outside agencies for benefits and care provision. Carers were identified through new registrations and informing the practice staff they were carers.

Summary of findings

What people who use the service say

We carried out telephone interview with eight patients who use the service and reviewed 32 completed CQC comment cards.

There was a mixed response to what patients felt about the way they were treated by GPs, although most told us they were happy with the service they received and were treated with respect and dignity by all of the staff. Generally patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.

The comment cards indicated that patients were very happy with the standard of the service they received. Patients described the reception staff as friendly and helpful and the GPs as thorough and attentive. Three comment cards noted that the GPs did not give good treatments. They said that GPs did not diagnosis problems and they had to push for referrals to secondary care.

National GP survey results published in July 2014 indicated that the practice was best in the following areas:

- 79.9% of respondents to the GP patient survey described the overall experience of their GP surgery as fairly good or very good. The national average was 85.75%.
- 84.89% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average was 85.1%.
- 88.71% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average was 90.46%.
- 47.24% of respondents to the GP patient survey who stated that they always or almost always saw or spoke to the GP they prefer. The national average was 37.55%.
- 93.58% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?'. The national average was 75.4%.
- 86.46% of patients were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours. The national average was 79.82%.

The national GP survey results published in July 2014 indicated that the practice could improve in the following area:

- 60.13% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care. The national average was 81.83%.
- 60.81% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. The national average was 85.3%.

Areas for improvement

Action the service MUST take to improve

Action the provider MUST take to improve:

- Ensure a Disclosure and Barring Scheme check is completed for all staff who act as a chaperone.
- Ensure full pre-employment checks are completed, including Disclosure and Barring Scheme checks, prior to staff being employed to ensure they are suitable for their role.

Action the service SHOULD take to improve

Action the provider SHOULD take to improve:

- Ensure detailed records are kept when reviewing significant events to show what action was taken as a result of the review or if the issue was reviewed later.
- Ensure left over medicines are returned to the supplying pharmacist for the purpose of auditing and monitoring.

Summary of findings

- Ensure a spills kit is available to ensure the prevention of cross infection.
- Ensure an infection control audit is completed to assess and monitor the standards of cleanliness in the building.
- Ensure a more robust appraisal system needs to be implemented to ensure staff have the formal support and supervision they need to carry out their work.

Dr Pal & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP, a specialist advisor with management experience and an expert by experience. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services.

Background to Dr Pal & Partners

Dr Pal and Partners (The Parks Medical Practice) has 6,112 registered patients and is part of Oldham Clinical Commissioning Group.

There are two male GPs, a senior partner and a partner, and one salaried female GP working at the practice. The practice staff include two practice nurses, a family planning nurse and a health care assistant. The practice manager supports an administration / reception team which comprises of eight administrative staff, one secretary, two supervisors and one administrative manager.

The practice delivers commissioned services under the General Medical Services contract.

Surgery opening hours are:

Monday 8.00am - 8.00pm

Tuesday 8.00am - 8.00pm

Wednesday 8.00am - 6.30pm

Thursday 8.00am – 8.00pm

Friday 8.00am - 6.30pm

If patients call the practice when it was closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Information about appointments was available to patients on the practice website. This includes how to arrange urgent appointments and home visits and how to book appointments through the website.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

This provider had not been inspected before and that was why we included them.

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

How we carried out this inspection

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

Detailed findings

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2015. During our visit we spoke with a range of staff including both GP partners, the practice manager, the practice nurse and two reception staff. We also spoke with patients who used the service.

Requires improvement

Are services safe?

Our findings

Safe track record

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations such as NHS England and Oldham Clinical Commissioning Group, to share what they knew. No concerns were raised about the safe track record of the practice

The practice used a range of information to identify risks and improve patient safety. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. There were clear lines of leadership and accountability in respect of how significant incidents (including mistakes) were investigated and managed.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement to service provision. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Learning and improvement from safety incidents

We reviewed how the practice managed serious or significant incidents. Records showed the system in place was managed in line with guidance issued by the National Patient Safety Agency. The practice was open and transparent when there were near misses or when things went wrong.

We saw evidence of significant event analyses (SEAs) and meetings to discuss actions and decisions made to prevent adverse events happening again. There were records of significant events that had occurred during the last 12 months and we were able to review these. Significant events were discussed with other GPs to ensure good communication amongst the team about patients'' care needs. While some recurring themes had been identified during the review of significant events, for example end of life care, no record of discussions held was in place or evidence to show what action was taken as a result of the review or if the issue was reviewed later.

We discussed the process for dealing with safety alerts. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. We were told alerts came into the practice and were logged then discussed with one of the GPs. Actions were agreed then distributed to staff via the practice IT system.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to children, young people and vulnerable adults. Clinical and non-clinical staff had received training on safeguarding patients from abuse and harm. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information and properly record documentation of safeguarding concerns. Staff we spoke with knew who took responsibility for managing safeguarding referrals and who to speak with in the practice if they had a safeguarding concern.

The practice had an appointed GP who took responsibility for managing safeguarding referrals for vulnerable adults and children. They had been trained to the appropriate level.

Vulnerable patients could be highlighted on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. Patients with a learning disability and patients with a mental health problem were given double appointments so additional time could be spent discussing their care needs. Their safety and welfare was further monitored through annual health checks and medication reviews.

There was a chaperone policy displayed in the patient waiting area. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing staff and sometimes reception staff had been trained to be a chaperone so they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Staff

who acted as a chaperone had not received a Disclosure and Barring Service check to ensure they were suitable for this role. We were informed that this issue was currently being addressed.

Parents' attendance at children's vaccination clinics was monitored. Parents were contacted if they did not attend these clinics and a monthly audit of attendances was carried out to ensure a clear picture of the situation was obtained.

Medicines management

Temperature sensitive medicines were stored safely and a daily check of the fridge temperatures was completed. Medicines were stored securely and stocks were well organised. Vaccines were stored at the practice and we were told that guidelines were in place for the administration of these vaccines. The practice nurse who administered vaccines was trained in this area and had completed an update of the training in 2014.

The patients we spoke with said they were happy with the way their prescriptions were handled and patients who used repeat prescriptions said the system in place worked well. They said the clinical staff explained the risks and benefits related to any prescribed medications they took.

Medicine safety alerts were received by the practice manager then distributed to all clinical staff so they kept up to date with any changes to practice and procedure. The practice nurse confirmed they received medical alerts relating to medicines.

Left over medicines were returned to the supplying pharmacist. A record of these medicines was not kept so it was not possible to track the amount and type of medicines being returned.

Prescriptions were destroyed if they were not collected after one month, although patients were contacted by phone if the prescription was for a more serious illness such as diabetes.

Patients with long term conditions have their medicines reviewed regularly and a clear system was in place for the administration of repeat prescriptions. GPs held six monthly reviews with patients who were taking more than seven medicines to ensure their health was being monitored in relation to any possible ill health.

Cleanliness and infection control

The practice is located in a large health centre which has a building maintenance management team that provides daily domestic staff and arranges for clinical waste to be disposed of. On the day of the inspection the practice was clean, tidy and well organised. Staff reported high standards of cleanliness were provided at all times and problems were dealt with promptly.

One of the clinical staff was responsible for managing infection control, although they had not completed any additional training to support them in this role. They provided staff with in house training on hand washing and ensured all equipment such as gloves and aprons were available. They ensured the practice was kept tidy and all equipment was stored in correctly.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Sharps boxes were wall mounted which further protected staff and patients from the risk of infection. A spills kit was not available at the surgery although an order for this had been made. Spills kits are used to clean up bodily fluids and to ensure the prevention of cross infection.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. An infection control audit had not been completed.

The patients we spoke with commented on the high standards of hygiene throughout the practice.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. All portable electrical equipment was routinely tested. We were told that a schedule of testing was in place for weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. During discussion with staff it was clear they were suitable for their role, however, the staff recruitment records we looked at did not contain evidence that appropriate recruitment checks had been undertaken

prior to employment. For example, no evidence of two staff references being taken up or job descriptions being issued. There was no evidence of Disclosure and Barring Service checks being carried out to demonstrate staff were suitable for their role.

Staffing levels were set and reviewed to ensure patients were kept safe and their needs were met.

Staff we spoke with felt the staffing levels were appropriate and met the needs of the service and patients. We were told by staff that in the event of extremely busy periods of activity arrangement were in place for members of staff, including nursing and administrative staff, to cover each other's annual leave or sickness. GPs would also provide additional appointments to ensure a consistency in the service provision.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management and dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to read.

Clinical staff encouraged parents to attend childhood assessments/vaccinations clinics and worked alongside other health professionals to inform parents about the importance of attendance. All children under five were offered an appointment on the day they contacted the surgery. Sexual health/family planning clinics were available with a named GP. A community paediatric nurses provided advice and information to parents on preventing avoidable admissions to hospital and care to children with illnesses such as asthma and eczema. Clinical staff liaised with health visitors, school nurses and other healthcare agencies to support parents and carers.

Arrangements to deal with emergencies and major incidents

There was a proactive approach to anticipating potential safety risks. We reviewed the practice business continuity plan. This outlined clearly what would happen in the event of an emergency occurring on the premises. The plan included information about loss of access to the surgery,

loss of computer / telephone systems and loss of facilities such as water, gas and electricity. It also detailed what to do in the event of fire or flood. Clear lines of communication were identified. The contact details of staff and utility providers were available to support staff in managing an emergency.

Staff were trained in basic life support skills so they knew what to do in the event of an emergency. An oxygen cylinder was stored in case an emergency. This was checked regularly with a record of these checks being kept.

Fire safety checks were completed by the building's maintenance management team and the practice staff.

Emergency medicines were available in a secure area of the practice. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of a patient's age, gender, race and culture as appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us they supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders. Our review of the clinical meeting minutes confirmed that this happened.

Once patients were registered with the practice, the practice nurses carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. Patients were referred to a GP or other support services as necessary.

An annual meeting was held with the local authority and social services to discuss local needs. Priorities had been established of promoting good health and dementia diagnosis. This meeting gave staff an opportunity to plan their services accordingly and to meet these established needs.

The practice carried out assessments and treatments in line with best practice guidelines and had systems in place to ensure all clinical staff were kept up to date with these guidelines. The clinicians aimed to follow best practice such as the National Institute for Health and Care Excellence guidelines when making clinical decisions.

GPs reviewed patients' notes when they visited the out of hour's service. This review was completed the following day with any recovery actions put in place immediately.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) system. This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice.

The practice had a system in place for completing clinical audit cycles for the purpose of improving outcomes for patients. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through the systematic review of patient care and the implementation of change. We saw evidence of medicines being re-audited to ensure patients' ongoing safety.

An annual review of patients care needs was completed. A multi-disciplinary approach to care was in place and referrals to secondary care services for chronic long term conditions was made. Home visits were offered to patients who are unable to attend the surgery, for acute health problems, annual reviews, blood tests, general checks and vaccinations. The practice maintained a palliative care register to identify a patient's prognosis in line with the Gold Standard Framework for advanced care planning.

Effective staffing

A system of revalidation was in place for GPs. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged and given opportunity to develop in their role through regular training. This was confirmed by the staff spoken with during the inspection.

Policy guidance was available to the practice manager about how to manage poor staff performance.

Formal one to one meetings were not provided; however, the practice manager was available to offer informal support to staff each day. A staff appraisal meeting was completed last year with most staff. During this meeting staff training needs were identified and planned for. The practice manager was aware that a more robust appraisal system needs to be implemented to ensure staff have the formal support and supervision they need to carry out their work.

Working with colleagues and other services

We saw evidence the practice staff worked with other services and professionals to meet patients' needs and manage complex cases. There were regular monthly meetings with multi-disciplinary teams within the locality.

Good

Are services effective?

(for example, treatment is effective)

This included district nurses and health visitors. We saw multi-disciplinary meetings were held to discuss patients on the palliative care register and support was available as required. There were also regular informal discussions with these staff. This helped to share important information about patients including those who were most vulnerable and high risk.

We were informed by the GPs that all clinical correspondence received by the practice was reviewed by the GPs and actioned. The information was then scanned into the patient's electronic notes.

The practice manager told us how they engaged in regular meetings with other practice staff from across the locality to discuss issues and share good practice.

One of the GPs held two sessions per week in a local nursing home with 65 patients. Each patient had their own care plan and the practice nurses visited to complete reviews of care. Information was shared with the nursing home staff to ensure good communication about patients' ongoing care needs.

Information sharing

Information sharing and decision making about a patients' care was effective and involved professionals both internal and external to the practice. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Information was shared through team meetings, palliative care meetings and clinical staff meetings. We saw minutes of these meetings which were attended by the GP, the practice nurse and the other practice staff and health care professionals. We saw that the GP met regularly with the practice nurse and the nurse herself reported that the GP was very supportive and accessible during patient consultation if required.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system.

The GPs and the practice manager attended local area meetings. Feedback from these meetings was shared with practice staff where appropriate.

A small amount of information leaflets were available within the practice waiting area. The building maintenance company placed restriction on the practice as to how much information could be displayed. In light of this most information was available on the practice website.

The practice worked within the Gold Standard Framework for end of life care. Information was shared with relevant health care professionals and out of hour's providers which ensured they were up to date with a patient's wishes at the end of their life.

Consent to care and treatment

The patients we spoke with told us that they involved in making decisions about their care and treatment. They also said that they were provided with information to make a choice and give consent to treatments.

All clinical and non-clinical understood the need to obtain patients' consent to treatments and to share information with other people.

Patients receiving palliative care notes recorded their wishes and shared consent with out of hour's providers. This meant out of hours providers had the information they needed to ensure they patient received the right level of care which reflected their current care needs.

Health promotion and prevention

All new patients were encouraged to complete a health questionnaire and attend an appointment with the practice nurse for a patient health check. This provided staff with an opportunity to identify any risks to a patient's health and make referrals to other services as needed.

The practice website had a health information section. It included the information about alcohol use, smoking, weight loss, activity and healthy eating. Links to these and other websites were available for patients to gain further information about health lifestyles

All information was available in different languages to support patients whose first language was not English.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. This indicated that 60.81% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. The national average was 85.3%. Also, 88.71% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average was 90.46%.

The practice aimed to provide 'the highest quality health care available under the NHS, to all patients with a well-trained and motivated primary health care team'.

We carried out telephone interviews with eight patients following the inspection. There was a mixed response to what patients felt about the way they were treated by GPs, although most told us they were happy with the service they received and were treated with respect and dignity by all of the staff.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 32 completed cards. Patients described the service as very good with helpful caring staff who listen to what they have to say. They said the reception staff go out of their way to find the quickest appointment and were polite and respectful. Three comment cards noted that the GPs did not give good treatments. They said that GPs did not diagnosis problems and they had to push for referrals to secondary care.

We were told that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

National GP survey results published in July 2014 indicated that We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. This indicated that 60.13% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. The national average was 81.83%. 84.89% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average was 85.1%.

Patients were involved in planning and making decisions about their care and treatment. Patients could have a copy of their care plan so they know about their treatment plan. If patients required hospital treatments, their care plan were reviewed upon discharge. This ensured GPs were fully up to date with their current care requirements. Patients' carers were encouraged to attend consultations so they were involved in making decisions about care and treatments. GPs were happy to offer carers support as required.

Patient/carer support to cope emotionally with care and treatment

There was a person centred culture at the practice and the staff team worked in partnership with patients and their families.

The patients we spoke with on the day of our inspection and the comment cards we received indicated that patients found the staff to be kind and courteous that patients were well supported when they suffered bereavement. GPs carry out follow up visits to bereaved relative to provide emotional support when needed.

Patients who experienced mental health problems could be referred to a counselling service or other support agencies which provide emotional support such as befriending services and Age uk.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an understanding of their patient population and services were planned and delivered to meet patients' needs. Services included a substance misuse clinic for both registered and non-registered patients and a specialist drug counsellor was available to provide assessments, care plans and prescribing of interventions such as Methadone.

Staff were proactive in working with patients and families in providing palliative care. This ensured a patient's wishes were recorded and shared with out of hours providers.

A translation service was available to patients whose first language was not English and the practice website could easily be converted into different languages which meant patients had direct access to health care information along with links to other services.

Home visits were offered to patients who were unable to attend the surgery and annual checks for patients suffering from mental health issues such as depression and Alzheimer's disease

The practice provided annual checks for patients suffering from mental health issues and whenever possible these patients were seen on the day they contacted the surgery or given telephone advice with a GP or clinician. Support was offered to relatives and carers of patients with mental health issues such as providing information about outside agencies for benefits and care provision.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example a named GPs was provided for all patients over the age of 75. The practice had developed a robust system for medicine reviews for patients who were prescribed multiple medicines to ensure that possible side effects were monitored. The practice encouraged parents to attend childhood assessments/vaccinations clinics and worked alongside other health professionals to inform parents about the importance of attendance. Additional catch-up clinics were provided for patients who did not attend vaccination clinics first time around. Appointments were available until 8pm three days a week. The practice provided annual checks for patients suffering from mental health issues such as depression and Alzheimer's disease. There was screening to detect Early Dementia and referrals to other services are made as appropriate.

The practice had access to online and telephone translation services for patients whose first language was not English.

The premises and services had been adapted to meet the needs of patients with disabilities. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

Surgery opening hours are Monday, Tuesday and Thursday, 8am - 8.00pm, Wednesday and Friday, 8am - 6.30pm.

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

Longer appointments were also available for patients who needed them including those with long-term conditions. This also included appointments with a named GP or nurse. Appointments were available outside of school hours for children and young people.

Appointments were available until 8pm three days a week. NHS health checks were offered to patients over the age of 40 and a well women and well man health checks were available for patients who did not fall into this category.

Patients were satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and urgent appointments were readily available.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. This indicated that 93.58% of patients gave a positive

Good

Are services responsive to people's needs?

(for example, to feedback?)

answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?'. The national average was 75.4%. Also, 86.46% of patients were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours. The national average was 79.82%.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. The practice manager handled all complaints in the practice, although complaints of a clinical nature were investigated by one of the GPs.

Most of the patients we spoke with told us they knew how to make a complaint. The practice website included information about how patients can make a complaint if they are unhappy with the care and treatment they have received.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice mission statement was to 'provide the highest quality health care available under the NHS to all patients with a well-trained and motivated staff team'. All staff spoken with upheld these values and were encouraged to do the best for the patients. We spoke with six members of staff and all knew and understood the vision and values and their responsibilities in relation to them. Staff said they felt supported by management and knew who to report to with concerns or questions about their role.

The practice had a number of policies and procedures to govern activity and ensure staff were clear on their responsibilities and knew how to work safely. These included complaints, health and safety, equality and diversity and fire safety. Some policies did not have a review date logged to indicate they had been reviewed and updated as necessary.

We were informed by one of the GPs that improvements were targeted at areas of the practice where shortfalls had been identified such as IT efficiency for the reception staff and diabetes care outcomes for patients.

Governance arrangements

The service had a clear governance structure where each staff member was aware of and accountable for individual responsibilities. For example, the practice manager was responsible for staffing issues and the practice nurse for medicine stocks.GPs had their own areas of responsibility such as safeguarding, finance and the management of patients' diabetes.

The practice held monthly governance meetings. We looked at minutes from these meeting and found that performance, quality and risks had been discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. Work was being undertaken to improve outcomes for patients with a diagnosis of diabetes.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Work had been carried out in relation to the quality of cervical smears and the use of one particular medicine.

Leadership, openness and transparency

GPs encouraged openness and promoted supportive relationships between staff. Staff spoken with reported they had a good relationship with the GPs who they said were supportive and approachable. The practice had a protocol for whistleblowing and staff we spoke with knew what to do if they had to raise any concerns.

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Staff met regularly to discuss the running of the practice and the issues relevant to their role. Staff at all levels were clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with a concern.

Practice seeks and acts on feedback from its patients, the public and staff

A comments suggestion box was available for patients to provide on-going feedback. Three of the eight patients we spoke with said they had completed a quality assurance questionnaire. The 'Friends and Family test' was available for patients to complete questionnaires which were available in the patient waiting area. The Friends and Family test gave patients an opportunity to comment on the standard of the service they received. We looked at the monthly results for December 2014, January 2015 and February 2015. Patients were asked 'How likely are you to recommend our service to friends and family if they needed similar care or treatment?' The test results indicated that in December 2014, 70% of patients were 'extremely likely' to recommend the service to friends and family if they needed similar care or treatment. In January 2015 this had risen to 76% and in February 2015 had risen to 77%.

There was no Patient Participation Group (PPG) at the practice. A PPG is a group of patients who work with the GPs and staff to improve services and promote health and improve quality of care. The practice manager told us they planned to develop this part of the service this year as they recognised this was a good way of obtaining patients' views of the service.

Management lead through learning and improvement

Are services well-led?

Good

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

The GPs and staff team demonstrated they continuously strived to learn and improve services. Staff demonstrated a willingness and keenness to improve patient care. Staff spoken with reported an open environment for learning with regular training being provided. We were informed that one afternoon was provided each month for the staff training. Training was provided on line and by external providers or more informally during team meeting discussions. The practice manager wanted to develop the staff training provision to ensure staff kept up to date with new ways of working and current developments in their area of expertise.

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
	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who use services were not protected against the risks associated with ineffective recruitment procedures and not carrying out relevant checks when employing staff. The provider must operate effective recruitment procedures including undertaking relevant checks before staff are employed.