Moore Street Medical Centre

Quality Report

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

Ratings

Overall rating for this service	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 an announced comprehensive inspection at Moore Street Medical Centre on 8 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice was able to demonstrate a culture of learning, openness and transparency in relation to any significant events. Systems in place at the practice supported this.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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 and open access surgeries each morning.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had used month on month data to review the effectiveness of booked appointments versus open access surgeries. This was used to increase the flexibility of access to appointments. Practice leaders continued to review any attendance of patients at walk in centres or accident and emergency units, to confirm that levels of access for patients remained high.
- The practice recognised the risks posed to the safety of some patients through telephone triage, particularly those from more vulnerable groups and those with whom it was difficult to engage. For this reason the practice pursued face to face appointments for these patients, at times using a locum Advanced Nurse Practitioner to meet demand.

However there were areas of practice where the provider must make improvements:

- The practice must hold and retain records of all background checks in relation to directly retained locum GPs, in line with the requirements of Schedule 3.
- The practice must hold and retain certificates in respect of electrical safety of the practice.

Areas of practice where the provider could make improvements:

- The practice should conduct a risk assessment supporting the decision not to have a defibrillator available at the practice.
- All clinicians should record that a chaperone service had been offered to a patient were appropriate.

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice demonstrated their commitment to safeguarding vulnerable patients, raising safeguarding alerts and responding quickly and effectively to concerns about patients. There were two areas were the practice must make improvements; the practice had not routinely collected copies of documents and checks in respect of a locum GP retained directly by the practice. Also, the practice was unable to demonstrate that electrical safety of the building had been checked and certificated. The practice building was located 15 minutes journey time from two major hospitals. However, a risk assessment on the practice decision not to have a defibrillator on site had not been conducted.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were in line with averages for the locality. Where QOF data showed results could be improved, we saw plans were in place to address this. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and training planned to meet these needs. Staff worked with multidisciplinary teams; we saw some particularly good examples of clinicians taking lead roles in the care of patients within a care home setting. This included responsive review of how patient medications were dispensed and working with community matrons to ensure the best outcome for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others locally for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. We found positive examples to demonstrate this. For example the practice worked extensively with

Summary of findings

the multi-disciplinary team in the community to provide health care services to older patients who wished to remain at home. This included close links with the community geriatrician and community matron.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Patients told us they were able get a pre-bookable appointment with a named GP or a GP of choice. We saw there was continuity of care; urgent appointments were available on the same day and home visits were provided for those patients who could not attend the practice. The practice ran open access appointments every morning. If a patient came to the practice before 10.30am they would be seen on the day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strong leadership with quality and safety as its top priority. High standards were promoted and owned by all practice staff and teams worked together across all roles. We saw all clinicians worked together to deliver high quality and well managed care to patients, whilst dealing with the challenges presented by an area of high social deprivation. Governance and performance management arrangements had been proactively reviewed. For example, the practice had responded positively to feedback about poor customer service; all reception staff has since received customer service training to a recognised standard and all telephone conversations were recorded.

Audits were repeated year on year and results used to drive improvement. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice had an active patient participation group (PPG) which met regularly.

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. We saw that clinicians were responsive to the needs of older patients, taking lead roles in the care of older patients in the community and care home settings. The practice had recently demonstrated their commitment to the safeguarding of older patients, raising concerns about the quality of care and inconsistent administration of medicines. The practice had worked with the community matron and community geriatrician to review those patients whose health care needs had not been fully met. The practice has continued to closely monitor these patients. The practice offered home visits and rapid access appointments for those with enhanced needs. Any unplanned hospital admissions were reviewed and GPs invited patients in for an appointment, visited or telephoned these patients to discuss this and assess any further needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding 

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. Clinicians at the practice had reviewed the risk of using telephone triage with all patients, including those with alcohol and /or drug dependency. GPs and practice nurses had attended recognised telephone triage courses but concluded that a significant number of patients within this group often gave incomplete or incorrect information in relation to their symptoms and health condition. For this reason, these patients would be seen at face to face appointments through the open access surgeries held daily. Where possible the designated GP within the practice, trained to provide services to patients with drug and alcohol problems, would see these patients.

The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and offered these patients' longer appointments to ensure there was sufficient time to review their health care needs. The practice provided services to travellers who visited the area, ensuring they had good access to clinicians. Where necessary, GPs would make home visits to the travelling community. All staff at the practice had received training within the past 12 months in relation to providing services to the travelling community.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

Summary of findings

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 people with dementia). 90% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with most local averages but some scores were below national averages. There were 420 survey forms issued and 121 responses, giving a response rate of 28.8%. The practice list size is made up of 7,200 patients.

- 65.4% find it easy to get through to this surgery by phone compared with a CCG average of 64.8% and a national average of 73.3%.
- 68.9% find the receptionists at this surgery helpful compared with a CCG average of 83.3% and a national average of 86.8%.
- 53.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 67.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81.1% and a national average of 85.2%.
- 85.4% say the last appointment they got was convenient compared with a CCG average of 92.2% and a national average of 91.8%.
- 53.1% describe their experience of making an appointment as good compared with a CCG average of 66.9% and a national average of 73.3%.
- 58.8% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62.8% and a national average of 64.8%.
- 50% feel they don't normally have to wait too long to be seen compared with a CCG average of 56.3% and a national average of 57.7%.

The practice were responsive to feedback from patients. For example, the practice leaders had arranged customer service training for all staff, which was recently completed. As a further driver of improvement, all calls to the practice are recorded and these can be used when reviewing any complaint from patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards. All but one were positive about the standard of care received. People commented that they valued the open access surgeries but did accept that waiting times to see the GP at these surgeries could be longer. One comment card recorded less positive views about the service and related to extended waiting times during open access surgeries.

We spoke with nine patients on the day of our inspection. Patients commented positively on the practice and staff. Patients told us that GPs had been happy to provide home visits when they had been needed. Some of the patients has been with the practice for their whole lifetime. One patient particularly commented on how good the service had been over the years, telling us they would rather move house than move practice.

We spoke to a patient who told us that waiting for an appointment with a GP on open access surgeries was not always easy, especially for those patients who disliked noise and crowded waiting areas.

Areas for improvement

Action the service MUST take to improve

- The practice must hold and retain records of all background checks in relation to directly retained locum GPs, in line with the requirements of Schedule 3.
- The practice must hold and retain certificates in respect of electrical safety of the practice.

Action the service SHOULD take to improve

- The practice should conduct a risk assessment supporting the decision not to have a defibrillator available at the practice.
- All clinicians should record that a chaperone service had been offered to a patient were appropriate.

Summary of findings

Outstanding practice

Clinicians at the practice provided services for travelling communities, who visited the area. Where needed GPs and nurses provided home visits to the travelling community to ensure peoples health care needs were met.

GPs and nurses had risk assessed the use of triage for all patients including those with drug or alcohol related problems. The practice continued to meet the needs of such patients through the open access surgeries held each week day morning at the practice.

Moore Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Moore Street Medical Centre

Moore Street Medical Centre is in Bootle, Liverpool and falls within the South Sefton Clinical Commissioning Group. The practice is located in an area measured as one of the most socially deprived in the country. Male life expectancy is 77 years, compared to the England average of 79 years. Female life expectancy is 82 years, compared with an England average of 83 years. Almost 60% of patients registered with the practice have a long-standing health condition. Over a quarter of patients are carers. Just over 50% of patients are in paid work or full time education. Over 10% of patients are classed as unemployed.

The practice is located in a purpose built facility. The patient register is made up of approximately 7,200 patients. The make-up of the patient register in terms of patients' age groups is broadly the same as other practices of a similar size in England. The practice is made up of three treatment rooms and five consulting rooms all of which are located on the ground floor. The second floor is given over to office space and staff rest areas. The practice is fully accessible to those patients with limited mobility and has toilet and baby changing facilities on the ground floor.

The practice team is made up of two GP partners and two salaried GPs. The working hours of the GPs provide the equivalent of 3.6 full time GPs. The nursing team comprises two nurses, whose working hours together provide the equivalent of 1.4 full time nurses. The practice nurses are supported by two health care assistants, whose working time equivalent provides 1.5 full time staff. The practice administration team is led by the practice manager, supported by an assistant practice manager and a team of seven receptionists and one administrator. Cleaning services are provided by an external contractor. All services are provided under a General Medical Services (GMS) contract.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm and from 1.30pm to 6.30pm every week day. The practice does not currently offer extended hours surgeries, although these will be introduced in January 2016 when the practice will offer appointments between 8am and 7pm each week day.

The practice does not provide an out of hour's services. As of 1 October 2015, patients calling the surgery in the out of hour's period will be directed to NHS 111 service, who will pass calls to the provider Go to Doc.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- 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 8 October 2015. During our visit we spoke with a range of staff including two GPs, a practice nurse, two health care assistants, the practice manager and two further administrative support staff. We observed how people were being cared for and talked with nine patients, 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. We also met with members of the Patient Participation Group (PPG).

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, clinicians have taken the decision that telephone triage for a large number of practice patients is not safe as patients do not share all necessary information when prompted to do so. Risks posed by this are such that these patients' must have face to face consultations. These patients' needs are met through open access surgeries.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Local requirements and policies were accessible to all staff. 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw several good examples of clinicians and staff responding to safeguarding incidents; in each case all relevant authorities were informed and action taken quickly to safeguard patients from harm.

A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Further, the practice clinicians always requested a chaperone presence for any patient with mental health problems and for those with a learning disability. We saw good practice from some clinicians who recorded this in patient notes but this was not uniformly recorded by all clinicians.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which all staff had access to. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use. However, the practice was unable to show an electrical safety certificate, confirming that all equpiment was correctly serviced and tested. The provider was given time to send this to CQC following inspection but failed to do so.

Clinical equipment was checked to ensure it was working properly. The practice also 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.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice had recently been audited on infection control by Liverpool Community Health, receiving a pass score of 91.36%. Steps to address areas for improvement had been taken. Some points for action were factored in to annual building updates, for example the replacement of sinks that did not comply with infection control standards. Further education on disposal of clinical waste had also been provided. There was an infection control protocol in place and staff had received up to date training.

Requires improvement

Are services safe?

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. There was a policy in place for the issue of prescriptions of controlled drugs. Any prescriptions not collected were reviewed by the prescribing GP and destroyed if necessary.

Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, the practice retained the services of a locum GP, who provided five sessions each month to support the practice. The practice manager did not have the records required and evidence of background checks as required for this GP. Following our inspection, the practice was asked to forward these to the inspector. Although some documents could be produced, for example evidence of insurance cover for this locum GP, other key documents were not provided.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw that working patterns of health care assistants, nurses and GPs, co-ordinated sufficiently to allow attendance at key practice meetings were information and updates in relation to patients and their treatments were shared.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and training in cardio-pulmonary resuscitation (CPR) and there were emergency medicines available in the treatment room. The practice did not have a defibrillator available on the premises. The practice were not able to show any risk assessment in place to support the decision not to have a defibrillator. We were told by the practice manager that as the practice was equidistant between two large hospitals, either of which could be reached within 15 minutes the practice did not feel it was necessary to have a defibrillator in place. There was no formal risk assessment detailing this, or evidence of any review of arrangements to take account of, for example, extensive road works or large city events.

The practice did have oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data available to us prior to our inspection showed the practice had achieved 96.4% of the total number of points available, with an overall exception reporting rate of approximately 4% in the year 2014-15. There were some areas were the practice was achieving lower scores than expected, for example in cervical screening. The practice GPs were able to show us an action plan to address this through more opportunistic intervention.

Data from QOF showed;

- Performance for diabetes related indicators was similar to the CCG averages. In three of the five key tests for diabetes patients, the practice had performed at a higher rate than the national average. For example, the percentage of patients with diabetes on the register, in whom the last blood pressure reading, measured in the past 12 months, was 140/80 or less was 80.21% compared with a national average of 78.53%. The percentage of patients with diabetes on the register whose last measured total cholesterol, measured in the last 12 months, was 5mmol/l or less was 83.61%, compared to the national average of 81.6%. And, the percentage of patients with diabetes on the register, who had received an influenza immunisation in the previous six months, was 94.26%, compared to the national average of 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice practice value was 84.37% compared to the national average of 83.11%.
- Performance for mental health related indicators was /similar to the CCG and national averages. Data showed that 90.32% patients at the practice with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in place, compared to 86.04% of patients nationally. Of those patients, 80.3% had a recording on their records of their alcohol consumption, compared to 88.61% of patients nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored, for example in the provision of repeat prescriptions and these being available to patients; the average turnaround of repeat prescriptions at the practice had moved from 48 hours to 24 hours. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services and increase knowledge of GPs, for example, in relation to diagnoses of patients' health conditions .

Effective staffing

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

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during

sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records and audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

The practice had invested in a practice learning event, to promote the skills of staff in identifying patients whose needs may be more urgent. The practice had secured training involving the use of a mannequin that could replicate respiratory disorders including chest pain and asthma attacks. These training sessions were used to boost staff confidence on how to recognise these symptoms at the earliest possible point, and refer to GPs immediately.

The practice was taking part in a number of pilots, for example on community acquired pneumonia and looking at instances of undiagnosed heart failure. Another pilot was being conducted on the management of patients with chronic respiratory disease. This pilot had involved all practice clinicians undertaking a diploma in respiratory medicine.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was approximately 70%, which was below the national average of 81.88% There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had a plan in place to increase uptake rates in relation to cervical screening. It was identified that more opportunistic intervention for these patients would increase uptake, and this had been put into practice by clinicians at the practice.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 91% to 97%. Flu vaccination rates for the over 65s were 71.96%, and at risk groups 48.64%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All of the 25 patient CQC comment cards we received were positive about the service experienced, other than one card which carried negative comments about the length of waiting times at the open access surgeries. The majority of patients commented that they felt the practice offered an good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with members of the Patient Participation Group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88.7% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 91.2% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 96.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.3% and national average of 95.2%
- 86.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85.1%.
- 91.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.7% and national average of 90.4%.

There was one area for improvement at the practice, which related to levels of service from reception staff:

- 68.95 of patients said they found the receptionists at the practice helpful compared to the CCG average of 83.3% and national average of 86.8%.

Practice leaders had taken action to address concerns about poor patient reception experience. This had involved recording all calls so that they could be reviewed as part of any complaint investigation. The practice staff had also attended customer service training, which was to a recognised national standard.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 89.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86%.
- 87.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.9% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. The practice actively supported these patients for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and that the call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Following a review of extended hours surgeries previously delivered, the practice suspended the service as patients were not attending these pre-bookable appointments. The practice is looking to offer extended hours surgeries from January 2016 when appointments will be available from 8am to 7pm each week day.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- All consulting rooms were fully accessible for those patients with reduced mobility.

Access to the service

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm and from 1.30pm to 6.30pm every week day. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or below local averages, and generally below national averages. For example:

- 70.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 70.4% and national average of 74.9%.
- 65.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 64.8% and national average of 73.3%.
- 53.1% patients described their experience of making an appointment as good compared to the CCG average of 66.9% and national average of 73.3%.
- 58.8% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62.8% and national average of 64.8%.

The practice leaders had taken steps were possible to increase access to the practice. However, it is recognised that the success of on-line appointment booking can be limited due to higher rates of patients with numeracy and literacy problems. To address this the practice continues to run open access surgeries each morning. All patients that come to the practice before 10.30am will be seen on the day. Typically, open access surgeries delivered 39 appointments each day. For those patients with complex health problems the practice recognised that telephone triage could present more risk, so these patients would always been seen face to face.

The practice still offered on-line bookable appointments and reviews this regularly, responding to demand by converting any unused on-line appointments to open access availability. Telephone consultations were also available, and each GP could do up to six telephone appointments a day. We saw that the practice reviewed all access on a week on week basis, using all information available to ensure it kept pace with patient demand.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for example posters displayed on how to make a complaint and information in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice offered an apology to any patient who felt that services offered had fallen below the standard patients had a right to expect. We saw that concerns and complaints were dealt with in an open and transparent way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of service and care. We saw that complaints and concerns was a standing item on practice meeting agendas.

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 had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. To expand and increase the capacity of the practice GPs had used a locum advanced nurse prescriber over a period of time. Leaders made the decision to recruit a permanent nurse prescriber. However, following two rounds of recruitment, this has not been possible. One of the partners explained that this plan had not been set aside and recruitment efforts would continue. There were also plans to recruit a further partner for the practice.

The practice was located in an inner city area, which provided its own set of challenges to the staff and clinicians. The practice GPs had involved themselves in several pilots and initiatives where they thought it would bring benefits to the patients. For example, in relation to patients with respiratory illnesses (COPD), the practice were involved in a Well North scheme, aimed at tackling housing related issues that impact on patients with respiratory conditions. Staff from Citizens Advice Bureau are invited into the practice weekly to offer help and advice to patients, for example, in relation to debt management, or for help with rent arrears or other housing issues.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings and felt supported if they did. We also noted that there was a team away day held every 12 months. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been consulted on how extended hours could be structured to meet the needs of the practice population.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion on particular subjects. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment** **The provider failed to demonstrate compliance with regulation 15(1)(e). The provider could not show us a current electrical safety certificate for the premises.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.** **The provider failed to comply with regulation 19(3)(a) and (b).The provider had not carried out all checks, as required by Schedule 3, in relation to a locum GP regularly retained by the practice.**