The Mounts 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Mounts Medical Centre on 7 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of recruitment where we found appropriate checks had not been carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

However, there were areas where the provider needed to make some improvements. Importantly the provider must:

- Ensure robust recruitment procedures are established and followed prior to employment of staff.

In addition, the provider should:

- Ensure information regarding the complaints procedure, translation services and carers is readily available.
- Ensure that staff appraisals are completed for all staff.

Summary of findings

- Ensure that all actions are completed related to the fire risk assessment.

- Ensure the arrangements for business continuity in the event of a major event are updated.

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. There was a system in place for reporting and recording significant events which was used by the GPs. Lessons were shared to make sure action was taken to improve safety in the practice and staff reported communication as being good and they learned daily of any issues ongoing in the practice.

The practice responded to safety incidents, kept staff and patients informed and put measures in place to prevent recurrence. The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse and risks to patients were assessed and well managed with the exception of recruitment where we found the practice had not followed appropriate recruitment procedures prior to employing staff and they had not updated the arrangements for business continuity in case of a major event.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality and nationally in almost all areas. We saw that staff assessed patients' needs and delivered care in line with current evidence based guidance and that clinical audits had taken place and demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. Whilst not all staff appraisals had been carried out in the last year, staff reported that discussions could take place at any time and they had had an opportunity to discuss training and development needs when necessary. Staff worked with multidisciplinary teams to understand and ensure coordinated care for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with Clinical Commissioning Group(CCG) and national averages in all aspects of care. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Information for patients about most services was available, easy to understand and accessible although translation services and carers information was not advertised in the reception area.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients said they found it easy to make an appointment with a GP and urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available, but this was not advertised clearly in the reception area. We saw that learning from complaints took place and was shared with staff. The practice had additional community staff based in the building providing services to patients including a community midwife and a counsellor.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. Staff felt supported by management and there was a clear leadership structure. The practice had a number of policies and procedures to govern activity and held weekly meetings where governance issues were discussed.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice was aware of and complied with the requirements of the Duty of Candour and the partners encouraged a culture of openness and honesty. The practice proactively sought feedback from staff and patients and acted upon it. The patient participation group was active and reported that the practice worked well with them. The practice demonstrated commitment to continuous learning and improvement at all levels and supported staff to develop and perform well.

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 proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice also carried out visits to local care homes providing health and medication reviews when necessary as well as liaison with other support services.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and management plans put in place. Longer appointments and home visits were available when needed and good systems were in place to review this group of patients. 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. Staff were knowledgeable about how they should treat children and young people in an age-appropriate way and recognised them as individuals. The practice had provided Saturday morning clinics during the flu season to promote access for children and young people. The premises were suitable for children and babies. The midwife was based in the building and the practice told us they communicated with them on a regular basis.

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 and flexible and offered continuity of care. The practice offered Saturday morning clinics during the flu

Summary of findings

season to promote access for those patients who worked or were at school during the week. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

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. They held a register of patients living in vulnerable circumstances such as those with a learning disability and offered longer appointments for this group of patients. The practice worked with multi-disciplinary teams in the case management of vulnerable people and informed them 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.

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). They had comprehensive advance care plans for patients suffering with dementia and reviewed their care regularly. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice 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 where they may have been experiencing poor mental health. Staff had a good understanding of how to support people with mental health needs and dementia and we saw evidence of case reviews to demonstrate this.

Summary of findings

What people who use the service say

There were 108 responses to the National GP Patient Survey results which were published on 2 July 2015. This represented a 26.3% response rate. Results

What people who use the practice say

showed the practice was slightly above the local and national averages in the following areas:

- 85.2% found the receptionists at this surgery helpful compared with a CCG average of 84.9% and a national average of 86.8%.
- 59.3% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54.7% and a national average of 60.0%.
- 92.8% said the last appointment they got was convenient compared with a CCG average of 92.0% and a national average of 91.8%.

However, results for the following areas were slightly below the local and national averages:

- 65.7% found it easy to get through to this surgery by phone compared with a CCG average of 71.4% and a national average of 73.3%.
- 65.3% described their experience of making an appointment as good compared with a CCG average of 71.9% and a national average of 73.3%.
- 62.8% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.6% and a national average of 64.8%.
- 43.8% felt they didn't normally have to wait too long to be seen compared with a CCG average of 58.6% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received ten comment cards which were all positive about the standard of care received and we spoke with six patients and a member of the patient participation group (PPG) who all said that they received excellent care from all the staff in the practice who were kind and compassionate. They also commented that they were more often than not able to see the GP of their choice. All the patients that we spoke with suffering with a long term condition told us they felt their care was managed well. A member of the PPG told us that the practice worked well with them and that a new telephone system had been installed which had improved access to the surgery to book appointments.

Areas for improvement

Action the service MUST take to improve

- Ensure robust recruitment procedures are established and followed prior to employment of staff.

Action the service SHOULD take to improve

- Ensure information regarding the complaints procedure, translation services and carers is readily available
- Ensure that staff appraisals are completed for all staff.
- Ensure that all actions are completed related to the fire risk assessment.
- Ensure the arrangements for business continuity in the event of a major event are updated.

The Mounts 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 advisor, a second CQC inspector and a practice manager specialist advisor.

Background to The Mounts Medical Centre

The Mounts Medical Centre provides primary medical services from a two storey building, to approximately 15,000 patients in Northampton. The building also accommodates the district nurses, midwife and a counsellor.

The practice provides primary medical services under a General Medical Service (GMS) agreement. There are six GP partners and a practice nurse and a nurse practitioner, two health care assistants, and a practice management team consisting of a human resources lead (HR), Information Technology (IT) lead and finance lead, who collectively, manage the practice, directed by the GP partners. The team are supported by a number of administrative and reception staff..

The practice population has a higher than average number of patients in the 0 to 4 year and 20 to 39 year age groups and data indicates there is a moderate level of deprivation in the area.

The practice is open between 8am and 6.30pm from Monday to Friday inclusive and during the flu season opens Saturday mornings to offer flu vaccines. When the practice is closed out of hours services are provided by Intermediate Care 24 Centre via the 111 service.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, 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 inspection on 7 October 2015. During our inspection we spoke with a range of staff including the practice human resource lead, finance lead, practice nurse, GPs and reception and administrative staff. We also spoke with the patient participation group chair and patients who attended the practice that day and observed how staff assisted them. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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)

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

We saw that GPs had an effective system in place for reporting and recording significant events using a specific form that facilitated the recording and reviewing of outcomes and learning. GPs told us these were reviewed and discussed at their weekly meetings. However, we could not see evidence of how this was shared with the rest of the practice although staff confirmed they received outcomes and learning from significant events. Nurses and administration staff told us they would report any incidents to the HR lead. Staff reported that if there were any issues which needed addressing, they were communicated by the management team on a daily basis and that communication was good.

We reviewed safety records, incident reports national patient safety alerts. Staff told us these were distributed by a specific member of staff and they were only informed if the situation was relevant to them and their role. However for clinical issues, GPs told us they were involved in all discussions regarding these events as they were discussed at the weekly clinical meeting.

There was an ethos of openness within the practice and for all safety incidents, patients were provided with open and truthful information and we saw actions to demonstrate things had been put in place to prevent recurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and 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 had monthly discussion with the health visitor and other members of the multidisciplinary team to discuss any safeguarding issues. Staff at all levels demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that the nurse would act as a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The staff told us the local infection control adviser for the county had attended the practice and carried out an audit and it was also included in the practice infection control policy that they would be contacted to seek advice if necessary. There was an infection control protocol in place and staff had received up to date training. We saw an infection control audit had been undertaken in June 2015. In addition, the patient survey had identified some issues with cleanliness of the practice and we saw evidence that action had been taken and a meeting with the contract cleaners had been undertaken and deep cleaning carried out as a result.
- We noted that the practice used single use disposable instruments for all procedures and minor surgery with the exception of one GP who used re-usable instruments for a specific procedure which was sterilised at the practice using an autoclave. This was not in line with current infection prevention guidance and when made aware of this the practice told us they would cease to use this and gave us assurance that they would now use only disposable instruments and take the autoclave out of service.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable

health care assistants (HCA) to administer vaccinations. The HCA explained their training and competence assessment for administration of vaccines which was robust and appropriate.

- We reviewed five personnel files and found that most of these contained the details of the necessary appropriate recruitment checks. However, we noted that two recently appointed clinical staff did not have Disclosure and Barring Service checks. Following our inspection the practice contacted us with evidence that the DBS checks had been applied for and their recruitment policy had been updated. The HR lead told us they had only recently taken over in this role since the last practice manager had left and they had sought advice from an employee assistance company to ensure their employment procedures were robust and appropriate.

Monitoring risks to patients

We saw that a variety of risks to patients had been assessed and the practice had taken steps to manage these. For example, the member of staff responsible for fire had sought a fire risk assessment from an external adviser. We noted that the practice still needed to acquire a plan of the building as an outcome of the fire risk assessment. Electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella. We saw that recommendations from a legionella assessment had been carried out and a system was in place to ensure this happened.

Discussions with the GPs and practice HR lead demonstrated that the practice were constantly addressing staffing issues and forward planning. They had been actively seeking to recruit more GPs and a nurse and had recently been successful. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We also noted that the practice had a rota for chaperones to ensure GPs were informed of who was available and trained and able to carry out this role.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. We saw that an alert was on the computer screen to inform all staff if a member of the team was experiencing an emergency situation. We saw that all staff had received training in basic life support and that emergency equipment including a defibrillator and oxygen was available. There were adult and children's oxygen masks as well as emergency medicines available in the nurses treatment room. All staff we spoke with were aware of the location of the emergency equipment. The emergency equipment had been checked regularly and was all in date and the nursing staff told us they all checked it but there was no clearly identified person since the previous nurse had left. However, it had all been checked appropriately.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, the plan had not been reviewed since 2010. Following our inspection the practice contacted us with evidence to demonstrate that this had now been updated and reflected the current plans for the practice in the event of a major incident.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

We saw audits to demonstrate that the practice monitored that these guidelines were followed and the practice told us they were discussed in clinical meetings. They also discussed the latest developments in treatment with secondary care colleagues.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available, with 7.9% exception reporting rate. This practice had a higher than the CCG and national average achievement in all areas of the QOF clinical targets with the exception of stroke and peripheral arterial disease. The practice told us that QOF progress was discussed regularly to determine where work needed to be focussed.

Data from 2014/15 showed that performance for diabetes related indicators was better than the CCG and national average. The practice achieved 92.2% of the maximum points available. Areas such as asthma, depression and hypertension, were also all above the CCG and national average.

We saw that clinical audits had taken place from alerts regarding medicines and the practice had taken action and shared learning. We saw evidence of a complete audit cycle regarding vascular disease which had resulted in more accurate and up to date identification, recording and treatment of patients with the condition. The practice also participated in local audits identified by the CCG and carried out audit in response to any area which had become known to them as potentially requiring improvement. They provided examples of a variety of audits, for example, A&E and same day appointments which had shown better than expected outcomes which were shared with the team.

The practice had disease registers and good systems in place to review chronic long term conditions such as asthma, chronic obstructive pulmonary disease, mental health and dementia. They also offered medical checks for babies and mothers at six weeks post-natal and had contact with midwives and health visitors to provide additional support to this group of patients when necessary.

Effective staffing

Staff we spoke with and evidence we saw demonstrated that staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with a recently appointed health care assistant who told us they had received an induction. They told us they had had a significant amount of training and supervision and subsequent assessment of their competency prior to administration of vaccines as well as training in carrying out health checks. Another member of the nursing team told us they had received immunisation update and additional training in heart disease this year.

The learning needs of staff were identified through a system of appraisals, although these had not all been carried out during the last 12 months. However, all staff we spoke with told us that they had been able to talk with the GPs regarding any training or issues they had. One nurse gave an example of where they had expressed a need for additional time for administration and the GPs had acknowledged and agreed to this. Some staff had received an appraisal and told us it was a positive experience. The practice told us they had completed seven appraisals and had plans in place to complete all appraisals now they had established the management structure. However, those staff we spoke with who had not had an appraisal told us they felt they could approach the management team or GPs if they needed to outside of an appraisal if they had training or development needs. Staff received training that

Good

Are services effective?

(for example, treatment is effective)

included, safeguarding, fire procedures, basic life support and information governance awareness and had access to and made use of e-learning training modules and protected learning time.

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, investigation and test results. Information such as NHS patient information leaflets were also available. We saw that the practice shared relevant information with other services in a timely way when referring people to other services. The practice engaged with other professionals such as the midwife, health visitor, district nurses, Macmillan nurses and secondary care and social care services when necessary to ensure that all professionals involved had the relevant information to assist in a comprehensive assessment of patients' needs for ongoing care and treatment.

The practice visited two local care homes and reviewed and assessed patients physical and mental health and carried out medication reviews where necessary. The practice also contacted other services such as intermediate care, the falls team and the dietician and speech and language when they considered additional support was necessary.

We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. There were specific templates and alerts on the computer system to ensure that information was recorded and available to the relevant professional.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Discussions with staff demonstrated that they understood and carried out the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and provided examples of where they had used this. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw that the practice had a consent form for intra-uterine contraceptive device fitting and minor surgery which had been completed, signed and included in the patient's record.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those at high risk of admission to hospital. Patients were then offered the appropriate treatment and also signposted to the relevant service. A counsellor was available on the premises and smoking cessation advice was available from the practice nurse.

The practice carried out cervical screening and followed the national guidance for following up patients who did not attend. The practice's uptake for the cervical screening programme was 77%, which was slightly less than the CCG average of 81% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice held child immunisation clinics twice a week and immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 86% to 94%. The practice was proactive in following up children who did not attend for vaccinations. Flu vaccination rates for the over 65s were 75%, and at risk groups 63%. These were also above the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice carried out dementia screening and had a comprehensive template. We also saw that leaning disability and vulnerable adult care plans had been completed and were thorough and appropriate.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. We observed the GPs to be caring with their patients and noted them providing assistance back to the reception area following a consultation.

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.

All of the ten CQC comment cards we received from patients were positive about the service experienced with the exception of one that identified a long wait for an appointment. Patients reported they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with a member of the 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. Notices in the patient waiting room told patients how to access a number of support groups and organisations. Eighty-five percent of patients said they found the receptionists at the practice helpful compared to the CCG average of 84.9% and national average of 86.8%.

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 was broadly in line with the local and national results for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87.4% and national average of 88.6%.
- 78.8% said the GP gave them enough time compared to the CCG average of 84.8% and national average of 86.6%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.4% and national average of 95.2%
- 84.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.4% and national average of 85.1%.
- 85.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.0% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection 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. Patients with long term conditions told us that their care and treatment was very good and follow up appointments and monitoring of their condition was carried out regularly including health and well-being advice.

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:

- 85.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.8% and national average of 89.6%.
- 81.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.5% and national average of 84.8%

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patents this service was available.

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

Good

Are services caring?

practice offered a booklet containing support information when a carer became known to them and a specific member of staff was responsible for this. However, written information was not available in the reception area for carers to ensure patients were aware of the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer to ensure they were offered appropriate health checks and flu vaccinations.

Staff told us that if families had suffered bereavement, they were offered an appointment with their usual GP and also signposted to support organisations such as CRUSE or bereavement counselling if appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was an active PPG which met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had been supported by the practice in developing a patient's charter. There had been issues with patients who did not attend (DNA) and the practice worked with the PPG to address this. As a result they had introduced a text service remind patients of their appointment and also inform them if they DNA.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. The practice had identified the need for additional clinical staff to meet the needs of the practice population. Two GPs had been recruited who were to commence in November 2015 and January 2016. Other examples of addressing patients' needs were, for example;

- Longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. We saw that GP's were scheduled to carry out visits that day in response to requests from patients.
- Flu clinics on a Saturday to enable working people and children more access to this service.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had designed templates for long term condition management. All templates had a dementia section to alert clinicians when they reviewed the patient's condition to complete the template section for dementia.
- A counsellor from the local Trust was based at the practice on a sessional basis to support patients with mental health conditions, alcohol and substance misuse
- When we inspected the practice there were no female GPs. To address this there was a rota system in place with timetabled slots when trained administration staff were available to act as chaperone. However, a new female GP was due to commence at the practice in November.

Access to the service

The practice was open between 08:00 and 18.30 Monday to Friday and appointments were available between those times. The practice had also arranged Saturday morning clinics during the flu season to offer additional times for patients to access immunisation against influenza.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable compared to local and national averages. For example:

- 81.4% of patients were satisfied with the practice's opening hours higher than the CCG average of 74.9% and national average of 74.9%.
- 65.7% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.4% and national average of 73.3%.
- 65.3% patients described their experience of making an appointment as good compared to the CCG average of 71.9% and national average of 73.3%.
- 62.8% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.6% and national average of 64.8%.

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. There were complaints leaflets available behind reception but there was no information informing patients about how to complain in the waiting area.

Discussions with the PPG chair demonstrated that the practice listened to concerns from patients. There had been difficulties with the telephone system and the PPG had worked with the practice to source and install a new system which the PPG member told us was working well. We were told that it had been difficult to recruit younger patients to join the PPG but the group had now successfully recruited a younger member.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The PPG told us that they had requested a pharmacist to attend the PPG meeting to give a presentation to the group. The practice arranged this and the PPG reported that it was very useful in helping them understand issues regarding medicines. Patients were kept informed of changes in the practice by the use of electronic screens in the reception area.

Patients we spoke with had not had cause to complaint but told us they would know what to do if they were concerned about the service. We looked at 11 complaints received in the last 12 months and found that all complaints had been resolved in a timely way. The practice had documented the actions taken and lessons learned following the complaint.

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 demonstrated a vision to deliver high quality care and promote good outcomes for patients. We noted that the practice had experienced continuing difficulty in recruiting and maintaining a practice manager and had amended their strategy to address this and introduced a new management structure. Staff we spoke with understood the vision and values of the practice and their role in achieving that.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. We saw that specific GPs were responsible for leading in identified clinical areas and reception and administration staff had been identified to lead in areas such as fire safety. The practice had a comprehensive selection of policies and procedures covering all aspects of care and management, although some required a review.

All staff we spoke with were aware of their roles and responsibilities. The practice told us that they had recently made a decision to change the management structure utilising the skills of existing long term staff and combining roles. They acknowledged that a period of transition was taking place as skills were developed further and the GPs were supporting staff to make the adjustments. The practice was aware of how it was performing and the GPs were prompt to address any areas where they considered improvements could be made. We saw evidence of audit and reflective practice and changes made to improve as a result. There were arrangements for identifying, recording and managing risks and implementing mitigating actions. However, we noted that for recruitment some of the procedures had not been completed but the practice took immediate steps to rectify this, reviewed their recruitment procedure and submitted evidence to confirm this.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. The partners in the practice demonstrated a commitment to delivering safe, high quality and compassionate care. Staff told us the partners encouraged a culture of openness and honesty and they felt they could discuss any areas of concern. However, the staff told us they felt that although they met at protected learning session, they felt a practice meeting involving all staff would be beneficial occasionally. Although they did confirm they received information from the practice management team. We saw that the partners held weekly meetings, three monthly business meetings and bi weekly meetings with the district nurses, as well as monthly multi-disciplinary meetings with the health visitor and palliative care nurses.

The practice was aware of the need for notifying safety incidents and gave examples of where this had been required. These provided evidence of openness, appropriate recording of actions and sharing of information with the relevant people.

Staff told us they felt valued and well supported by the partners and received good opportunities for development and training.

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

We spoke with the chair of the patient participation group (PPG) who told us that the practice engaged well with them and listened to what patients told them about what was important to them. A member of the practice management team attended the meetings and a GP when necessary. They were involved in the patient survey and talked to patients in the surgery to gain their feedback about the service. They had reported the patients' dissatisfaction regarding the 0844 telephone number and the practice had acted upon this and changed it. The practice had also involved the PPG in drawing up a patient charter to demonstrate to patients what they could expect from the practice. They had also introduced text reminders regarding appointments following discussions with the PPG. The PPG chair told us that the absence of a phlebotomy service was a constant issue for patients and whilst the practice had not been able to resolve it to date, it remained under constant discussion.

The practice had also gathered feedback from staff through ad hoc discussions and appraisals. Although currently, due to the absence of a practice manager some appraisals had not taken place in the last twelve months. However, staff we spoke with told us they had been able to approach the GPs for training and development when they needed to and these have been supported. They told us they did not

Are services well-led?

Good

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

need to wait for appraisal as the GPs were approachable. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt involved and valued.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels within the practice. Four of the GPs were appraisers and shared information regarding new issues and best practice and one of the GPs was a member of the Local Medical Committee and conveyed new local clinical issues and decisions, new services and learning points from case reviews with other members of the clinical team.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** We found that the provider did not have effective recruitment procedures established to ensure persons employed met the conditions specified in Schedule 3 for the purposes of carrying out the regulated activities. Specifically this was because appropriate pre-employment checks had not been carried out and recorded such as, Disclosure and Barring checks (DBS) had not been made on some clinical staff that needed this check. **This was in breach of Regulation 19 (2)(a) (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**