

Avenue Medical Practice

Quality Report

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Date of inspection visit: 2 December 2015

Date of publication: 18/02/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Avenue Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Avenue Medical Practice on 2 December 2015. Overall the practice is rated as requires improvement.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- There were some systems in place to reduce risks to patient safety. However, we identified areas where improvements were required. For example, there was no health and safety risk assessment of the premises or legionella risk assessment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Most staff had received training appropriate to their role. However, training records did not identify all the training staff had completed.
- 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 urgent appointment although they had to wait three weeks for a routine appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by the GPs. However, it was evident the practice was in a transition period following recent changes in management although evidence some changes had been made was seen.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines is reviewed in line with Public Health England guidance with regard to monitoring the fridge temperature.
- Ensure the process for healthcare assistants to administer vaccinations is in accordance with current legislation and guidance.

Summary of findings

- Ensure a system to check stock of clinical consumables, for example, syringes and needles are within their expiry date is implemented.
- Ensure all staff acting as a chaperone are trained to do so and have had a Disclosure and Barring Service (DBS) check carried out.
- Provide staff with a job description relevant to their role and review the appraisal system.
- Maintain records of all staff training.
- Implement a system to ensure all health and safety risks relating to premises are identified.

In addition the provider should:

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff understood their responsibility to raise concerns and there was an effective system in place for reporting and recording significant events and lessons were shared with staff to improve safety in the practice.

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented widely to ensure patients were kept safe. Not all staff who acted as chaperones had been trained to do so or had received a Disclosure and Barring Service (DBS) check.

Not all clinical staff had received training appropriate to their role. Guidance issued by Public Health England on the storage of vaccines, in particular with regard to temperature monitoring of the medical fridge had not been followed. Out of date consumables were seen in one of the treatment rooms.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were comparable to the locality. Staff assessed needs and delivered care in line with current evidence based guidance.

Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Records of training were not always evident and some staff had not received training relevant to their role.

Staff had received appraisals although some were two to three years old. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed patients rated the practice similarly to others in the locality for several aspects of care.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

Information for patients about the services available was easy to understand and accessible. Staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with stakeholders to secure improvements to services where these were identified.

Patients found it easy to make an urgent appointment although had to wait three weeks for a routine appointment.

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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

There was a clear leadership structure and staff felt supported by the interim practice manager and GPs. Changes within the management team over the last 12 months had led to gaps in the governance of systems and lack of documentation,

There were a number of policies and procedures to govern activity although these were not always being followed.

The registered provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and the practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive.

The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice. The practice offered 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.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive.

The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice. Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

For those people with the most complex needs, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice. Immunisation rates were higher than the CCG average for all standard childhood immunisations. Children and young people were treated in an age-appropriate way and were recognised as individuals.

All children requiring an urgent appointment would be seen the same day. 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 and health visitors who attended six weekly multidisciplinary team meetings at the practice.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice. 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 offered weekly alternating evening, early morning and Saturday morning appointments. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances made them vulnerable and had access to a community support worker.

Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safety and well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were areas of good practice. Of those patients living with dementia, 81% had received a face to face review of their care in the last 12 months. It carried out advance care planning for patients living with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

Staff had a good understanding of how to support people with mental health needs and dementia.	
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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 local and national averages in most areas. However, responses were below average in relation to the appointment system. There were 254 survey forms distributed and 125 forms were returned. This is a response rate of 49.2% to the survey.

- 51% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 79% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

- 84% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 51% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 73% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

We spoke with nine patients during the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring. They told us they were treated with respect and their privacy and dignity was protected. They also said the practice was always clean and tidy. Patients told us they could get an urgent appointment when needed but had to wait up to three weeks for a routine appointment.

Avenue Medical Practice

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 practice nurse specialist advisor, and a practice manager specialist advisor.

Background to Avenue Medical Practice

The Avenue Medical Practice is situated in Greenhill, Sheffield and accepts patients from Greenhill and the surrounding area. The practice catchment area is classed as within the group of the seventh least deprived areas in England.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 8,048 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. They also offer a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

The Avenue Medical Practice has three GP partners (two female, one male), two salaried female GPs, three female nurse practitioners, one female practice nurse, two female healthcare assistants (HCA) and one female phlebotomist. These are supported by an interim practice manager and an experienced team of reception and administration staff. The practice is a training practice for medical students.

The practice is open 8am to 6pm Monday to Friday with the exception of Thursday when the practice closes at 12 noon. Appointments are offered 8.30am to 11am and 3pm to 5.30pm Monday to Friday with no appointments Thursday afternoon. The practice also offers appointments 6.30pm to

8pm on alternating Mondays and 7am to 8am on alternating Tuesdays and one Saturday morning clinic a month. When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm.

The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and family planning.

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15, we noted the GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners at the practice. The GP told us this would be reviewed immediately.

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 registered 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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as NHS England, Sheffield CCG and Sheffield Healthwatch to share what they knew. We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff including one GP, one practice nurse, two healthcare assistants (HCA), two administrators, two receptionists and the interim practice manager. We spoke with nine patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed comment cards and feedback forms where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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 living 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the interim practice manager of any incidents and there was also a recording form available in the practice manager's office.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts 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, an alert on the practice's computer system was implemented to ensure all histology reports were actioned when received. However, there was evidence the practice had not followed learning from all incidents. For example, the learning points identified from a recent cold chain incident had not been followed.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and 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 safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Reception staff we spoke with told us they had completed safeguarding training. The practice did not hold a record of when safeguarding children training had been completed.

However, the practice provided evidence training had been completed following the inspection. All clinical staff had received training relevant to their role. GPs were trained to Safeguarding level three for children.

- A notice in the waiting room advised patients staff would act as chaperones, if required. There was a chaperone policy in place, however, staff we spoke with who acted as chaperones told us they had not received training for the role. In addition, non-clinical staff who chaperoned had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff told us they had received in-house training although records of this were not available. Annual IPC audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. Out of date consumables, for example syringes and needles were seen in one of the treatment rooms. These were removed and disposed of immediately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, the practice did not follow its own policy or recommended guidelines regarding monitoring of fridge temperatures. The maximum temperature had exceeded guideline recommendations on several occasions with no reason recorded on the log sheet. Evidence was seen that the practice had completed an incident investigation on one occasion and had contacted NHS England for advice. However, there was no evidence the lessons learned from this incident had been followed.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. The healthcare assistant (HCA) administered influenza and pneumococcal vaccinations to a patient specific directive (PSD). However, the PSD lists were not clearly attributable to the GP and did not demonstrate individual consideration. Clinical staff had received annual update vaccination and immunisation training. There was no evidence a full training programme had been completed by the HCAs. Following the inspection the interim practice manager confirmed NHS England had reviewed this and appropriate training had been arranged.

- We reviewed four personnel files and found recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and clinical staff had the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. There was no evidence a health and safety risk assessment of the premises had been completed. The interim practice manager told us this would be put in place immediately. However, the practice had a variety of other risk assessments in place to monitor the safety of the premises such as an up to date fire risk assessment and regular fire drills had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice had completed an infection and prevention control (IPC) audit. At the time of the inspection there was no evidence a risk assessment for legionella had been performed. However, the practice nurse told us the taps were flushed daily and the interim practice manager provided evidence following the inspection that a risk assessment had been completed.

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the practice.
- The practice had a defibrillator available on the premises and 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 95% of the total number of points available, with 10.9% exception reporting. Data from 2013/14 showed;

- Performance for diabetes related indicators was 4% below the CCG and 3% below the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 17% below the CCG and national averages.
- Performance for mental health related indicators was 8% above the CCG and 10% above national averages.
- The dementia diagnosis rate was 4% below the national average.

The practice had been identified as having a low prevalence rate for the number of patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The GP told us the practice had reviewed its protocol with the COPD Specialist Nurse.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, three of these were completed two cycled audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, patients on medication for gout were changed to a more appropriate drug to give better control of their symptoms.

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training for most staff and updating for relevant staff e.g. for those reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme with the exception of chaperone training.
- 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff we spoke with told us they had had an appraisal though some staff had not been appraised within the last 12 months. The nurse practitioner had not had an appraisal within the previous three years and one of the administration team had not had an appraisal within the previous two years.
- Staff had received some training that included: fire procedures and basic life support training. They had access to and made use of e-learning training modules and in-house training. However, records of training were not always evident and there was no clear log to enable the management team to identify and monitor who had completed training and when.

Are services effective?

(for example, treatment is effective)

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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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 ongoing 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 multidisciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients with palliative care needs, 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.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 91%, which was higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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 93% to 100% and five year olds from 94% to 98%. Flu vaccination rates for the over 65s were 72%, and at risk groups 47%. These were comparable to 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations and 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.

We spoke with nine patients during the visit and received two comment cards and two patient experience feedback forms which were mostly positive about the service experienced with the exception of two less positive comments which referred to the appointment system. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable with CCG and national averages for its satisfaction scores on consultations with doctors and nurses, though was rated lower than others for some aspects of care. The survey did not reflect what most patients told us in the practice. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 87% said the GP gave them enough time (CCG average 87%, national average 86%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 76% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 79% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us 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 and results from the national GP patient survey aligned with these views.

Results from the national GP patient survey did not reflect what patients told us during our inspection about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 81%).
- 90% said the last GP they saw was good at listening to them (CCG average 89%, national average 89%).

Staff told us interpretation 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.

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. The practice had identified 128 of the practice population as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us if families had experienced bereavement their GP would contact them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an early morning clinic on alternate Tuesdays with a doctor, an evening clinic on alternate Mondays with a nurse and a Saturday morning clinic once per month with a doctor and nurse.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and interpretation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with the exception of Thursday when the practice closed at 12 noon. Appointments were available from 8.30am to 11.30am and 3pm to 5.30pm daily with the exception of Thursday when there were no afternoon appointments. Extended hours surgeries were offered between 6.30pm and 8pm on alternate Monday evenings and 7am to 8am on alternate Tuesday mornings. The practice opened one Saturday morning a month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. When the practice was closed, out of hours services were provided by the GP Collaborative and the NHS 111 service. Patients were advised of which number to contact when they telephoned the practice.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and

treatment was lower than local and national averages. People we spoke with told us they were able to get an urgent appointment when they needed but usually waited three weeks for a routine appointment. We observed the next routine GP appointment to be in three weeks. The GP we spoke with told us they were in the process of recruiting a salaried GP and the doctors would do telephone consultations when appropriate to reduce the length of time patients had to wait for a routine appointment.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 51% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 51% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 73% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 65%).

Listening and learning from concerns and complaints

The practice had an effective 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 an information leaflet was available to help patients understand the complaints system.

We looked at 15 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice recognised due to the challenges in recruitment and retainment of a practice manager it had not been as proactive as it would like. The practice had recently appointed an interim practice manager to post and had appointed a permanent practice manager due to start January 2016.

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:

- There was a clear staffing structure and clinical staff were aware of their own roles and responsibilities. However, reception staff told us they did not have job descriptions. The interim practice manager had started the process of developing these to share with staff. Staff told us they had received an appraisal but the nurse practitioner and an administrator said this was over 12 months ago.
- Records of training were not always evident. There was no clear log to enable the management team to identify and monitor who had completed training and when. There was no evidence of training for healthcare assistants to administer vaccinations in accordance with current legislation and guidance.
- Practice specific policies were implemented and were available to all staff although these were not always followed. For example, the chaperone policy had not been followed.
- There was an understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have 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 they were approachable and always took the time to listen to all members of staff.

The registered provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

There had been gaps in the management structure due to the recruitment issues of a practice manager over the previous 12 months but staff told us they felt supported by the GPs during that time and the interim practice manager.

- Staff told us the practice held regular clinical meetings. Administration staff told us they had not held regular meetings due to changes in management. These had recently re-commenced and evidence of this was seen.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so if they did.
- 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 by the practice. For example, staff had made suggestions on ways to improve the appointment system.

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

The practice encouraged and valued feedback from patients, the public and staff. It had sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Requires improvement 

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

- It had gathered feedback from patients through the patient participation group (PPG) and through the national survey, NHS choices and complaints received. There was an active virtual PPG which had been involved in carrying out patient surveys and had submitted proposals for improvements to the previous practice manager.
- The practice had also gathered feedback from staff through staff meetings and discussions. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and currently supporting their HCA through the open learning nursing course.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure the proper and safe management of medicines:-</p> <p>Healthcare assistant staff were administering vaccines under Patient Specific Directive lists that were not clearly attributable to the GP and did not demonstrate individual consideration.</p> <p>The practice did not follow its own policy or recommended guidelines regarding monitoring of fridge temperatures. The medical fridge had exceeded maximum temperature on several occasions with no explanation documented.</p> <p>Consumables to administer medication were not within their expiry date.</p> <p>This was in breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not ensure checks that staff were of good character were carried out. Staff who chaperoned had not received a Disclosure and Barring Service (DBS) check. A risk assessment to identify which staff required a DBS check had not been completed.</p> <p>This was in breach of regulation Regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>