

Ambar Medical Centre

Quality Report

Milton House
Walsall
West Midlands
WS1 4JQ
Tel: 01922 626300
Website: No website available

Date of inspection visit: 4 November 2015
Date of publication: 21/03/2016

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



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	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Ambar Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ambar Medical Centre on 4 November 2015. Overall the practice is rated as inadequate.

The provider of Ambar Medical Centre is no longer registered with CQC having retired from the practice in December 2015.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment.
- The practice did not routinely identify, record and analyse significant events in order to identify areas of learning and improvement and so mitigate the risk of further occurrence.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.

- Patient outcomes were difficult to identify as there were no systems in place to provide accurate performance data.
- Most patients we spoke with on the day were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had limited formal governance arrangements to manage and assess the risk and quality of the service it provided.
- Electronic patient records were not always complete and available in a timely manner.
- It was not always evident from patient records that reviews to medication had taken place or risks considered.

If the provider had still been registered with CQC we would set out the following requirements.

The provider must:

- Ensure appropriate assessments of the risks to the health and safety of patients receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.

Summary of findings

- Ensure that the practice have robust recruitment arrangements so they are assured that staff providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely.
- The practice must risk assess the need to undertake Disclosure and Barring Service (DBS).
- The practice must develop a system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, for example the use of audits, patient feedback and the management of and learning from significant events.
- The practice must maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- The practice must comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).
- The practice must implement relevant nationally recognised guidance, including guidelines issued by NICE (National Institute for Health and Care Excellence).

The areas where the provider should make improvement are:

- Consider the benefits to patients and the practice for having registers of patients who may require additional support and care for example patients with learning disabilities and carers.
- The practice should consider the benefits to reviewing the results from patient surveys and developing an action plan to address areas for improvement.
- In the absence of regular team meetings both clinical and non-clinical the practice should consider how they ensure all staff members are kept updated and informed with information relevant to their role.
- In the absence of an Equality impact assessment of the building the practice should consider how they can assure themselves that the all reasonable facilities are available for patients with disabilities.
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.

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 inadequate for providing safe services and improvements must be made.

- The reporting of incidents, near misses and concerns was not embedded at the practice.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- There was an infection control policy in place and staff had received up to date training. An infection control audit had been undertaken in June 2015 and we saw evidence that action had been taken to address any improvements as a result.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- The care and treatment delivered to patients did not always reflect current evidence based guidance.
- The information needed to plan and deliver care was not always available in sufficient detail or in a timely manner within the surgery and the out of hours GP services.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Data showed patient outcomes were low for the locality. For example, performance for diabetes related indicators was worse than the CCG and national averages.
- Performance for asthma related indicators was below the CCG and national averages.

Inadequate



Are services caring?

The practice is rated as inadequate for providing caring services, as there are areas where improvements should be made.

Inadequate



Summary of findings

- Data showed that patients rated the practice similar others for some aspects of care. However patients responding to the survey said they found the receptionists at the practice less helpful compared to the CCG and national averages
- The majority of patients we spoke with on the day said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services was available but not everybody would be able to understand or access it. For example, there were no information available to patients in relation to translation services despite the large number of patients who may not have English as their first language on the practice list.
- The practice did not always identify patients who may be in need of extra support. For example the provider told us that the practice did not have a palliative care register for patients who may be in the last 12 months of their lives.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice demographics demonstrated that there was potentially a high percentage of patients registered at the practice with or at risk of developing diabetes. We did not see that the practice had been proactive in managing and monitoring this group of patients.

Inadequate



Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.

Inadequate



Summary of findings

- Administration support staff had additional responsibilities outside of their usual role. For example inputting clinical consultation notes into patient records retrospectively of the consultation. There were no risk assessments or quality checks for this process.

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 inadequate for the care of older people. The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- It was responsive to the needs of older people in offering home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.
- Data showed patient outcomes were low for the locality. For example, performance for diabetes related indicators was 50% which was worse than the CCG and national average of 91.4% and 89.2%.
- Performance for asthma related indicators was 75.6% this was below the CCG and national average of 98.6% and 97.4%
- Incomplete and poorly documented records meant that it was difficult to see whether structured annual reviews had been undertaken to check that patients' health and care needs were being met.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates for the standard childhood immunisations were similar to the national average.
- Staff working at the practice had received safeguarding children training and knew who to contact both inside and outside of the practice.
- Patients at the practice were able to sign up to the Pharmacy First scheme. The scheme aims to speed up access to health services for patients with minor ailments by enabling those who wish to be seen by a community pharmacist.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had extended opening hours on a Monday evening until 7.45pm. This may be beneficial to patients who worked.
- There was no practice website. Facilities were available to book appointments online; however this was not actively promoted to patients.
- Repeat prescriptions could be requested in person or via a pharmacy. There was no system in place to request repeat prescriptions online.
- A GP told us that there had been no NHS Health Checks completed at the practice. An NHS Health Check is available to patients between the ages of 40 and 74 and aims to prevent conditions such as heart disease and diabetes.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated

Inadequate



Summary of findings

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

- The practice had a register of 11 patients with learning disabilities. None of these patients had been invited to the practice for an annual review of their health. None of the 11 patients had a care plan in place to support their continued health needs.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice did not hold a register of patients who required support and care for their mental health. Patients who required this care and support did not have care plans and had not been invited to the practice for an annual review of their health needs.

Inadequate



Summary of findings

What people who use the service say

We looked at the national GP patient survey results published in July 2015. The results showed the practice was performing below the Clinical Commissioning Group (CCG) and national averages. 423 survey forms were distributed and 49 were returned.

- 39% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 43% found the receptionists at this surgery helpful compared to a CCG average of 87% and a national average 87%.
- 47% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and a national average of 85%.
- 80% said the last appointment they got was convenient compared to a CCG average of 92% and a national average 92%.

- 42% described their experience of making an appointment as good compared to a CCG average 73% and a national average 73%.
- 48% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average 70% and a national average 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were generally positive about the standard of care received. Five were less positive with three expressing difficulties in accessing appointments.

We spoke with nine patients during the inspection. Generally patients said that they were happy with the care they received. Two patients indicated that it was difficult to get appointments and to obtain repeat prescription.

Areas for improvement

Action the service **MUST** take to improve

If the provider had still been registered with CQC we would set out the following requirements;

- Ensure appropriate assessments of the risks to the health and safety of patients receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.
- Ensure that the practice have robust recruitment arrangements so they are assured that staff providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely.
- The practice must risk assess the need to undertake Disclosure and Barring Service (DBS)
- The practice must develop a system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, for example the use of audits, patient feedback and the management of and learning from significant events.

- The practice must maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- The practice must comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).
- The practice must implement relevant nationally recognised guidance, including guidelines issued by NICE (National Institute for Health and Care Excellence)

Action the service **SHOULD** take to improve

- Consider the benefits to patients and the practice for having registers of patients who may require additional support and care for example patients with learning disabilities and carers.
- The practice should consider the benefits to reviewing the results from patient surveys and developing an action plan to address areas for improvement.

Summary of findings

- In the absence of regular team meetings both clinical and non-clinical the practice should consider how they ensure all staff members are kept updated and informed with information relevant to their role.
- In the absence of an Equality impact assessment of the building the practice should consider how they can assure themselves that the all reasonable facilities are available for patients with disabilities.
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.

Ambar 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 CQC Inspection Manager, a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Ambar Medical Centre

At the time of the inspection the provider Ambar Medical Centre was a member of Walsall Clinical commissioning Group (CCG) and provided primary medical services to approximately 2300 patients. Since the inspection the provider has retired from the practice and has cancelled their registration with CQC. An application from a new provider is in progress. Patients at the practice continue to receive primary medical services at this location.

The practice employed a practice nurse, who worked 13 hours per week and a practice manager. They were supported by a team of administrative/reception staff.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care.

The practice is open from 8.30am to 7.45pm on Mondays, 8.30am to 6.30pm Tuesdays to Thursdays and 8.30am to 12 noon on Fridays. Appointments were available from 10.30am to 12.30pm Monday to Friday with the exception of Tuesdays where the Baby Clinic ran from 9am to 11am. Routine appointments were available between 11.30am

and 12.30pm. Appointments were available until 12 noon on a Friday. Evening appointments were available on Mondays between 4.45pm and 7.45pm and 4.00pm to 6.00pm Tuesdays to Thursdays.

The practice does not have a website.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. When the practice is closed during out of hour's patients can access general medical advice by contacting Badger which is an out-of-hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a high deprivation score. Data also showed that the practice had a higher than average practice population of patients under the age of 20 in comparison to other practices nationally and a much lower percentage of patients over the age of 45.

The practice achieved 81.9% points for the Quality and Outcomes Framework (QOF) for the financial year 2014-2015. This was below the national average of 93.5%. QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes.

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

Detailed findings

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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the practice manager, administration support staff and patients who used the service.
- Reviewed the personal care or treatment records of patients.
- Reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.'

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.

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events held limited information, with only one clinical significant event record in place. The practice did not routinely identify record and analyse significant events in order to identify areas of learning and improvement in order to mitigate the risk of further occurrence. We saw examples of events where the recording, investigating and learning would have improved safety within the practice.

We were unable to review action taken from national patient safety alerts as there had been no documentation completed. Clinical meetings to discuss such alerts did not take place. We saw examples of the guidance from national patient safety alerts not being followed. For example patients receiving potentially unsafe combinations of medicines and a patient receiving a repeat prescription well in excess of the recommended maximum period. There was no documentation or potential associated risks recorded for this clinical decision.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse, 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the nurse were trained to the appropriate level for their role.
- There were some notices, although not in all waiting areas, advising patients that chaperones were available, if required. Staff who acted as chaperones had not been trained for the role; they did however demonstrate knowledge and understanding of the role requirements.
- The two GP files reviewed provided evidence of disclosure and barring checks (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable), these were dated 2015.
- We reviewed four personnel files, two of which were for staff employed since 2014. We found that references had

not been obtained and in one case a number of recruitment checks had not been undertaken. For example, proof of identification, employment history and the appropriate enhanced checks through the Disclosure and Barring Service. Where DBS checks had not been undertaken there had been no risk assessment completed to ensure any potential risks to patients had been mitigated.

- 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. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken in June 2015 and we saw evidence that action had been taken to address any improvements identified as a result.
- We checked medicines stored in the treatment room and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Medicines were kept at the required temperatures and records showed that fridge temperature checks were carried out and guidelines was available describing the action to take in the event of a potential failure.
- There were prescription pads kept in the GP bag; these are not always kept secure. There was no system in place enable the practice staff to monitor the safe storage and handling of prescriptions.

Monitoring risks to patients

The risks to patients were not always assessed or well managed.

- There were limited procedures in place for monitoring and managing risks to patient and staff safety. A senior receptionist was the lead for health and safety, the last training attended was 2009. Only the practice manager and a senior receptionist have received fire training.
- The five risk assessments reviewed were inadequate, they were not signed and there were no action plans. The practice carried out joint regular fire drills with the GP practice next door, but these were not documented. A Legionella risk assessment had been completed in 2014.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. There was also a first aid kit and accident book available.
- 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. However a copy of the plan was not kept offsite.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice was inconsistent in assessing the needs of patients and delivering care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice did not demonstrate that all clinical staff were up to date and following guidelines from NICE or that all clinicians used this information to deliver care and treatment that met peoples' needs. We saw examples where guidance had not been followed.
- There were insufficient recordings of clinical decision making to assure that guidance had been considered.
- There were no systems in place for monitoring that guidelines were considered or followed, for example, through risk assessments, audits and random sample checks of patient records.
- We saw examples of clinical letters where secondary care advice in relation to repeat prescribing had not been actioned. For example where the hospital doctor had requested a medication be stopped in March 2015 we saw this was continuing to be prescribed.
- Test results were reviewed and actioned by one GP regardless of the clinician requesting the tests (with the exception of cervical screening, which were managed by a nurse). The GP reviewing did not always have the benefit of the earlier consultation notes or the reason for the tests being undertaken.
- A GP conducted daily telephone consultations. We found that these were poorly recorded and did not demonstrate that appropriate clinical reviews had been completed. For example we saw recordings of conditions where a physical examination would have been more appropriate than a telephone consultation.
- The practice had a register of 11 patients with learning disabilities. None of these patients had been invited to the practice for an annual review of their health. None of the 11 patients had a care plan in place to support their continued health needs.
- The practice did not hold a register of patients who required support and care for their mental health. Patients who required this care and support did not have care plans and had not been invited to the practice for an annual review of their health needs.

Management, monitoring and improving outcomes for people

The practice made limited use of 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 were 81.9% of the total number of points available, with 6.5% exception reporting.

- Performance for diabetes related indicators was 50% which was worse than the CCG and national average of 91.4% and 89.2%.

The practice demographics demonstrated that there were potentially a high percentage of patients registered at the practice with or at risk of developing diabetes. We did not see that the practice had been proactive in managing and monitoring this group of patients. A GP told us that the practice had recently registered their interest for the diabetes care programme pilot but were unable to provide details of what this involved or how this would be implemented to improve outcomes for patients.

- The percentage of patients with hypertension having regular blood pressure tests was 77.8% which was slightly below the CCG and national average of 83% and 80.4%
- Performance for mental health related indicators was 84.6% which was below the CCG and national average of 95.7% and 92.8%.
- The dementia diagnosis rate was 76.9% which was below the CCG and national average of 96.8% and 94.5%
- Performance for asthma related indicators was 75.6% this was below the CCG and national average of 98.6% and 97.4%

Clinical audits were not routinely used to identify quality improvement.

- There had been one clinical audit completed in the last two years, which had been completed by a pharmacist from the CCG. There was no evidence to indicate that improvements had been made or monitored.
- There was no evidence of the practice participating in additional audits, benchmarking, accreditation, peer review or research.

Effective staffing

Are services effective?

(for example, treatment is effective)

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training and saw that there was no robust system in place to monitor training; the practice manager told us that it was the staff's responsibility to make sure that they are up to date with training. Records of completed training were not maintained. Staff had access to e-learning training modules however they were not up to date with training for example, Infection Prevention and control (IPC), Fire Safety or Health and Safety. Staff had completed basic life support and safeguarding training relevant to their roles.

The practice nurse had undertaken role specific training and evidence was provided to confirm that they were trained to fulfil these duties. For example, seeing patients with long term conditions such as diabetes and administering vaccines. There was no clinical supervision provided by the practice.

- There is a high turnover of staff in the practice. The practice manager told us that the practice found it difficult to recruit and retain staff, with two nurses having recently left. Reception staff covered each other's role when necessary.
- There was no system in place to provide cover for the nurse in their absence. Patients had to wait until their return or if urgent would have an appointment with the GP.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely manner and detailed information was not always accessible through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical consultation records and investigation and test results. We saw that there were two patient record systems in place at the practice. There was an electronic system which was used by some but not all clinicians and a paper based system. We saw that when the paper based system was used to record consultations and that the information recorded was minimal. The information from these records was generally not a complete record and was not available, should it be required, in a timely manner. The use of the dual system also impacted on the availability of pathology results and hospital discharge letters.

There was limited joint working with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. The provider told us that multi-disciplinary team meetings did not take place.

Consent to care and treatment

- The practice nurse understood the relevant consent decision making process.
- When providing care and treatment for children and young people, the practice nurse 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 practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was not monitored at the practice.

Health promotion and prevention

A GP told us that there had been no NHS Health Checks completed at the practice. A NHS Health Check is available to patients between the ages of 40 and 74 and aims to prevent conditions such as heart disease and diabetes.

- The practice did not always identify patients who may be in need of extra support. For example the provider told us that the practice did not have a palliative care register for patients in the last 12 months of their lives. There was no up to date system in place to identify and flag carers to the practice staff in order for them to offer additional care or support.
- The practice's uptake for the cervical screening programme was 80.53%, which was comparable to the national average of 81.88%. The practice nurse proactively reviewed all of the cervical screening results to ensure they have all been returned and actioned appropriately.
- Childhood immunisation rates for the vaccinations given were similar compared to the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100% and five year olds from 97.3% to 100%.
- Flu vaccination rates for the over 65s were 54.17%, this was below the national average of 73.24%. For the at risk groups 52% of patients had received a vaccine this was comparable to the national average of 52.29%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity 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.

Most of the 24 patient CQC comment cards we received were positive about the service experienced. 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 that generally patients felt they were treated with compassion, dignity and respect by the clinical staff.

- 86% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% said the last GP they spoke to was good at treating them with care and concern to the CCG average of 83% and the national average of 85%.
- 73% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.

The results were less positive in relation to the helpfulness of reception staff.

- 43% said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

When patients were asked if they recommend the surgery to someone new in the areas only 40% of those responding said that that they would. This was significantly lower than the CCG and national average of 74% and 78%.

Care planning and involvement in decisions about care and treatment

We spoke to nine patients and seven of them told us that 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; however access to appointments and waiting times was identified as an issue by four patients.

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 81%.

Staff told us that translation between patients and clinicians was supported by practice staff where appropriate. An external translation services was also available for patients who did not have English as a first language. There were no 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 did not always identify patients who may be in need of extra support. For example there was no carers register at the practice and no system to identify carers within the practice clinical system. A nurse told us that they offered advice to carers and refer to support groups if required. The provider told us that the practice did not have a palliative care register for patients in the last 12 months of their lives.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- Home visits were available for older patients and patients who would benefit from these.
- Telephone advice and consultations were available daily. Same day appointments were available for those with serious medical conditions.
- There was a lift available to access the first floor. Disabled facilities, particularly access to disabled toilets, were not always appropriate for the use of people with wheelchairs, the ground floor toilet and the disabled toilet on the second floor was not conducive for wheelchair access.
- There was a translation service available and the staff spoke a number of languages. The practice did not have access to a hearing loop.

The practice demographics demonstrated that there was potentially a high percentage of patients registered at the practice with, or at risk of developing, diabetes. We did not see that the practice had been proactive in managing and monitoring this group of patients.

Access to the service

The practice is open from 8.30am to 7.45pm on Mondays, 8.30am to 6.30pm Tuesdays to Thursdays and 8.30am to 12 noon on Fridays. Appointments were available from 10.30am to 12.30pm Monday to Friday with the exception of Tuesdays where the Baby Clinic ran from 9am to 11am. Routine appointments were available between 11.30am and 12.30pm. Appointments were available until 12 noon on a Friday. Evening appointments were available on Mondays between 4.45pm and 7.45pm and 4.00pm to 6.00pm Tuesdays to Thursdays.

One of the GPs conducted a telephone advice and consultations each morning between 9.00am and 9.45am.

The practice leaflet advised that this service was for emergencies only, however we noted that calls were handled in relation to prescription requests and test results.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages. People told us on the day that they were able to get appointments when they needed one and that they could usually get an urgent appointment on the same day when necessary.

- 52% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 39% patients said they could get through easily to the surgery by phone compared to CCG average of 76% and the national average of 73%.
- 42% patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.
- 48% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and the national average of 65%.

Listening and learning from concerns and complaints

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there was a sign in reception and details of how to complaint were included in the practice leaflet.

We looked at three complaints received in 2015 and found they were satisfactorily handled and dealt with in a timely way. The practice manager told us that complaints were discussed in practice meetings but there was no evidence of this in the minutes, we did not see any learning from concerns and complaints or action taken to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

With a new GP recently recruited the practice had started to consider the future development of the practice; however this was in its infancy. The practice did not demonstrate that they had been proactive in assessing and monitoring the delivery of high quality care which promotes good outcomes for patients.

Governance arrangements

The overarching governance arrangements in place at the practice were not effective in ensuring that patients received safe and appropriate care.

- There was a staffing structure. Administration support staff had additional responsibilities outside of their usual role. For example inputting clinical consultation notes into patient records retrospectively of the consultation.
- Practice specific policies were implemented and were available to all staff
- Team meetings for administration staff were ad hoc and infrequent. Clinical meetings were not in place.
- There was limited use of continuous clinical and internal audit to monitor quality and to make improvements
- There were no structured or robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

Team meetings were infrequent and there no clinical attendance at these meetings. Clinical meetings were not in place. Staff we spoke with told us that they were restricted in making changes. Staff we spoke with were told us of processes and procedures which were not appropriately followed for example, although test results

were received electronically staff were required to print all results to be reviewed by a GP, once reviewed results were scanned back into the clinical system. Staff that this was burdensome and time consuming. We were told that resources and time prevent any changes being made. We were told that staff were reluctant to raise any issues with the provider.

The system in place for reporting and recording significant events held limited information, with only one clinical significant event record in place. The practice did not routinely identify record and analyse significant events in order to identify areas of learning and improvement in order to mitigate the risk of further occurrence. We saw examples of events where the recording, investigating and learning would have improved safety within the practice.

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

There was no patient participation group (PPG) at the practice. The practice manager told us that they have tried to encourage patients to participate but had been unsuccessful. There was a notice in reception advertising the group. There was a friends and family suggestion box in reception; however we found that during the inspection this was located behind the reception desk and not accessible to patients.

There was no evidence that regular feedback was gathered from staff. Staff we spoke with told us that they discussed concerns when they have staff meetings, which were infrequent. We were told that this feedback was not always acted upon, for example, concerns had been raised about workload. Staff were not engaged in how the practice was run.

There had been no analysis of the results from the national patient survey. The practice had not taken the opportunity to develop an action plan to address the areas the survey had identified as requiring improvement.