

Greengate Medical Centre (formerly Dr Ackerley & partners)

Quality Report

1 Greengate Lane
Birstall
Leicester
LE4 3JF

Tel: 0116 267 7901

Website: www.greengatemedicalcentre.co.uk

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

Ratings

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

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection August 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced inspection at Greengate Medical Centre on 13 March 2018 as part of our inspection programme.

At this inspection we found:

- There was an effective system in place to deal with safeguarding and staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- We found that the system to maintain the cold chain was not operating effectively as refrigerators used to store vaccines did not have a secondary thermometer in place and there had been issues with temperature recording. The refrigerators had not been serviced annually. The practice took action on the day of inspection to rectify this.
- We found that the storage of equipment and medicines would benefit from being rationalised to avoid a delay in accessing medicines or equipment required in an emergency.

Summary of findings

- Not all recruitment information was available in staff files and therefore there was no assurance that all necessary employment checks had taken place, particularly in respect of locum GPs. The practice told us following the inspection that this was being addressed.
- Staff told us they had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, there were some gaps in training and the practice had an action plan in place to address this. Staff had received appraisals in the last 12 months.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available, although this had to be requested from a receptionist. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients commented that they were pleased with the care they received and were able to get appointments when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure whereby staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had a range of practice specific policies but we found some examples where the practice had not acted in accordance with their own policies.
- Not all systems and processes within the practice were operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight.

The areas where the provider must make improvement are:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the requirement notice section at the end of this report.

The areas where the provider **should** make improvements are:

- Ensure information about the complaints process is readily available to patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Key findings

Areas for improvement

Action the service MUST take to improve

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the requirement notice section at the end of this report.

Action the service SHOULD take to improve

Ensure information about the complaints process is readily available to patients.

Greengate Medical Centre (formerly Dr Ackerley & partners)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

Background to Greengate Medical Centre (formerly Dr Ackerley & partners)

Greengate Medical Centre (formerly Dr Ackerley and partners) is a GP practice providing primary medical services under a General Medical Services (GMS) contract to around 11,500 patients with an increasing list size.

The registered provider of services is Greengate Medical Centre and they are registered to deliver the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The provider is registered with CQC to deliver these services from one location; Greengate Medical Centre at 1, Greengate Lane in Birstall, Leicester which we visited as part of our inspection.

Birstall is a suburb three miles north of Leicester City centre. The practice is housed in a large residential

property which has been converted and extended. There is disabled access to the ground floor, disabled parking and short stay parking on site. There is an independent pharmacy adjacent to the surgery. The practice's services are commissioned by West Leicestershire Clinical Commissioning Group (WLCCG).

The practice is in an area of low deprivation. The practice population has a higher than local and national average of patients over the age of 75. The practice have noticed a change in demographics as there are some large housing developments within the area with a large proportion of social housing. This has led to the practice seeing an increase in new registrations with complex conditions and also an increase in the number of children with a child protection plan in place. The practice also has 73 patients in a recently established care home. There is a permanent site for travelling families close to the practice.

The practice has six GP partners. Four GPs work full-time and two are part-time. There is one female GP and five male GPs. There are two practice nurses, two health care assistants and a phlebotomist (who also works on reception). They are supported by a practice manager, an assistant practice manager and a team of administrative and reception staff.

Greengate Medical Centre is open between 8am and 6pm Monday to Friday. A duty doctor is available until 6.30pm and appointments are available each day from 8.05am to 10.45am and from 2.30pm until 5.40pm. Primecare provide services between 6pm and 6.30pm Monday to Friday. From

Detailed findings

6.30pm to 8am and at weekends, out of hours services are accessed by calling the NHS 111 service. Patients are directed to the correct numbers if they phone the surgery or via the practice website when it is closed.

The practice website can be found here.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

We found some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective.

- The practice had a range of safety policies including adult and child safeguarding policies which were regularly reviewed and available to staff on the practice computer shared drive. These were also accessible to locums. However we found the practice were not acting in accordance with some of their own policies. Following our inspection the practice sent us updated locum and chaperone policies. Staff received safety information relating to the practice as part of their induction but not all staff had received fire training. The practice had an action plan in place to ensure this was completed. Policies were regularly reviewed and were accessible to all staff, including locums.
- There was a system to highlight vulnerable patients on records and a register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Regular safeguarding meetings were held to discuss those at risk. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Most staff had received up-to-date safeguarding and safety training appropriate to their role. There were some gaps in training for administration staff but the practice had a schedule in place to ensure this was up to date within a month. Staff we spoke with knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. The safeguarding lead provided a comprehensive in-house training session annually for all staff and we saw that the most recent presentation included content on child protection, adult safeguarding, female genital mutilation and domestic abuse.
- Staff who acted as chaperones were trained for the role but not all had received a DBS check. In those cases a risk assessment had been undertaken which identified a DBS check was not necessary as the staff member would never be alone with the patient.
- Evidence was not available that the practice had carried out all necessary staff checks on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for clinical staff and management. (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). For non clinical staff the practice had carried out risk assessments identifying that a DBS was not required. However the staff file relating to one clinical staff member contained a DBS certificate from a previous employer dated 2015 and a check had not been undertaken prior to employment with the practice, which was not in line with the practice recruitment policy. We looked at five staff files and all contained some missing information such as full employment history, references and application form or CV. Following our inspection the practice told us they had undertaken their own DBS check for the new clinical staff member and had also restructured personnel files to ensure they included all information set out in their recruitment policy.
- The practice occasionally used locum GPs and we found that there was not a process in place to ensure that locums had necessary training, professional registration, DBS check and indemnity. Although there was a locum induction pack available, there was no policy to provide guidance in respect of the use of locums and ensure necessary checks had been undertaken. Following our inspection the practice sent us a locum policy and sent evidence that they now had a checklist of all documentation relating to the locums currently used in the practice. The requirement for this information prior to employment in the practice was also included in the locum policy.
- There was an effective system to manage infection prevention and control with regular audits having been undertaken. We found that there was not a schedule in place for deep cleaning carpets in the practice at

Are services safe?

specified intervals but this had been identified as part of an audit and an action plan was in place to address the issues identified. The practice produced annual infection control statements.

- There were systems for safely managing healthcare waste.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions and we saw that regular calibration and portable appliance testing had taken place. However there was no evidence that the vaccine refrigerators had been serviced annually. Following our inspection the practice provided evidence that this had been arranged.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective approach to managing staff absences and flexibility in order to respond to epidemics, sickness, holidays and busy periods.
- There was an induction system for locum staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However we found that the storage of equipment and medicines would benefit from being rationalised to avoid a delay in accessing medicines or equipment required in an emergency. Following our inspection the practice told us this had been discussed at a practice meeting and emergency drugs and equipment were all available in one accessible location.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. This was supported by a screening and action tool protocol which was embedded in the practice clinical computer system. Training about sepsis had been provided at a practice training session. There were also posters in consultation and treatment rooms alerting to the symptoms of sepsis. Reception staff had received training on patients reporting 'red flag' symptoms and how to respond appropriately.

- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice had recently employed a further healthcare assistant to increase appointment capacity.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice were implementing a new clinical computer system in June 2018 which would improve their ability to share and receive patient information electronically.
- There was an effective approach to the management of test results.
- Referral letters included all of the necessary information and were monitored in a timely way.

Safe and appropriate use of medicines

Not all systems for appropriate and safe handling of medicines were reliable.

The practice kept prescription stationery securely and monitored its use.

We reviewed the cold chain arrangements. We found that both refrigerators were full, with some vaccines being stored too close to the sides of the refrigerator. Additionally we found that in the records of temperature checks for one of the vaccine refrigerators, the maximum temperature had consistently been recorded at 10 degrees celcius since August 2017. This was not within the required range of between 2 and 8 degrees celcius. Secondary thermometers had been ordered by the practice prior to our inspection for use in both vaccine refrigerators but had not yet been received so there had been no secondary method of checking whether the refrigerator had been out of range or not or for how long. We raised this with the practice during our inspection and they acted immediately to investigate and determined that there had been no risk to patients as a result of the incident. Following our inspection the practice provided a copy of the significant event record and

Are services safe?

associated evidence to confirm this. They also purchased a third vaccine refrigerator to avoid overstocking the refrigerators, reviewed their stock ordering system and were carrying out training on the cold chain process.

Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines and there was an effective recall system in place to ensure this happened. The practice had formulated their own template which allowed patients with multiple long term conditions to attend for one review rather than a review for each condition.
- Data we reviewed showed that the practice were in line with local and national averages for antibacterial prescribing.
- The practice rationalised prescribing for new care home patients by means of systematic medication reviews.
- Written procedures were in place, followed and reviewed regularly to ensure safe practice.
- High risk drug prescribing was well monitored by means of a weekly check using the practice clinical software system and an audit was also carried out every three months.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice had a system in place for fire safety. A fire risk assessment was in place which had been reviewed in March 2018. Regular maintenance of the fire alarm, emergency lighting and fire extinguishers took place and with the exception of emergency lighting there was a system to monitor their effectiveness. We saw that a

fire drill had taken place recently with a comprehensive report of the findings available. The practice told us they planned to increase the number of trained fire marshals in the practice.

- Arrangements were in place for the management of legionella (a bacterium which can contaminate water systems in buildings). Regular monthly monitoring of the water temperatures took place and were recorded. We noted that the temperatures had been out of range on a number of occasions and the practice told us they planned to address this.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a comprehensive system for recording and acting on significant events and incidents. Staff were aware of and understood their duty to raise concerns and report incidents and near misses. We saw that when they did so they were supported by the GP partners and management and incidents were used as opportunities to improve the service provided.
- The systems supported reviewing and fully investigating when things went wrong and we found that there had been 15 significant events recorded in the last 12 months. On reviewing these we found they were well documented to include dates of discussion, learning identified and an action plan and outcome. They had been investigated and analysed to identify meaningful learning which had then be shared with staff and positive action taken to improve safety or care in the practice. For example, as a result of significant events, improvements documented included, an improvement in the system for dealing with special patient notes, a change in the result handling process, an improvement to the repeat prescribing policy and process and recruiting an additional receptionist to improve resilience.
- There was a system for receiving and acting on safety alerts with the senior partner and the practice manager responsible for dissemination and ensuring action was taken where necessary. The practice learned from external safety events as well as patient and medicine safety alerts. We saw clear documentation of alerts having been actioned.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. New guidance was discussed at clinical meetings and information was readily available on the practice intranet system. For example, from minutes of various meetings we saw that an asthma update, sepsis guidance and palliative care framework had been discussed. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients including for patients with communication difficulties.
- Staff advised patients and information was available via the practice website as to what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. The practice used a frailty indexing tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice held a register of frail or housebound patients and were working towards putting care plans in place and informing patients about enhanced summary care records.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital and carried out medicine reconciliations which ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice had recently employed a practice nurse who was a specialist diabetic nurse.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice had identified low prevalence rates for chronic obstructive pulmonary disease (COPD) and in response purchased handheld screening tools to allow for opportunistic identification of COPD. This resulted in an increase of prevalence from 1.06% in 2016 to 1.15% in March 2018. The practice regularly reviewed prevalence rates for other long term conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were generally in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment for immunisation. After a second reminder letter, an offer of a flexible appointment time was made to encourage attendance for immunisation and patterns of concern were identified.

Are services effective?

(for example, treatment is effective)

- Children at risk were identified and we were told that families of concern were discussed at the daily GP meeting.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast cancer screening was in line with the national average. and significantly above the national average for bowel cancer screening with an uptake of 67% compared to the national average of 54%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time if they had not already received it.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had a high uptake of health checks and the practice had incorporated alcohol, diabetes and chronic obstructive pulmonary disease screening in to the check. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified as patients were offered an appointment with their GP.
- Patients at risk of diabetes were referred to a diabetes education programme.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had patients registered with them from a travellers site which was situated nearby.
- The practice placed alerts on the patient record of vulnerable adults where appropriate to ensure staff were aware of any support they may need.
- The practice had a high uptake for learning disability checks.

People experiencing poor mental health (including people with dementia):

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the national average of 90% but below the local average of 95%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice had identified that in 2016-17 they were below the local prevalence rate for dementia and had worked to improve their prevalence and identification rate which was now above the locality target.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had a dedicated Quality Outcomes Framework (QOF) administrator (QOF is a system intended to improve the quality of general practice and reward good practice.) The administrator continually monitored the practice QOF performance which enabled the practice to discuss performance at meetings and make improvements where they could. This was evident in the most recently published QOF results. The practice had achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 97%. The overall exception reporting rate was 7% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) (Please note: Any QOF data relates to 2016/17.

The practice was involved in quality improvement activity. For example we saw that the practice had carried out nine clinical audits since 2016 and seven of these audits were completed cycles where the improvement could be

Are services effective?

(for example, treatment is effective)

measured. For example, one audit related to the use of statins in patients with chronic kidney disease. The outcome of the audit was that it showed an 8% improvement in the numbers of patients treated and demonstrated improved clinical coding on medical records. Another audit was carried out to review the notes of patients with possible heart failure or atrial fibrillation and the outcome of the audit was improved prevalence through more accurate recording. Two of the audits carried out related directly to NICE guidance. Where appropriate, clinicians took part in local and national improvement initiatives related to quality improvement and the practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training. However some up date training was overdue. This was due to changes in staffing which had created added pressures for nursing staff but we saw that some update training had been scheduled. The practice understood the learning needs of staff and had identified through appraisals and discussions that time was required to enable staff to keep up to date with training. We found that the system to ensure up to date records of skills, qualifications and training were maintained needed development. We found there were some gaps in training, for example non-clinical infection control and fire safety but the practice had an action plan in place to address this and told us it would be completed by the end of May 2018.

- Staff were encouraged and given opportunities to develop. For example, the practice had employed a new health care assistant in 2017 and they were keen to develop their skills and qualifications and were being supported to do so. A new practice nurse had also been employed and was being supported to attend a university course in practice nursing.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We saw records of multi-disciplinary meetings which were attended by GPs, district nurses and cancer care nurses. The local hospice and health visitors were also invited when appropriate. End of life care, do not resuscitate (DNR) orders, preferred place of death and advanced care planning were discussed at these meetings.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. We saw that GPs updated care plans following discharge from hospital, for example, we saw that medication had been altered for an end of life patient recently discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Over a 12 month period the practice had offered 932 patients a health check. 297 of these checks had been carried out.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Patients in need of support were identified by alerts on their patient record in the clinical record system.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity and patients were advised of support available to them or referred as appropriate. Alcohol screening had been incorporated in to health checks provided by the practice in order to identify more readily patients who may need support to improve their health.
 - When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
 - Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
 - The practice monitored the process for seeking consent appropriately, for example we saw an audit relating to joint injections carried out in the practice and part of the audit included checking that detailed and appropriate consent had been gained. The practice had achieved 100% in this area.
- Consent to care and treatment**
- The practice obtained 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 and Deprivation of Liberty Safeguards (DoLS). All staff received Mental Capacity Act training.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced, although three also contained a negative comment but there were no themes identified. We also spoke with nine patients on the day of our inspection who were also positive about the care they received. Patients told us they were treated with respect and staff were described as sympathetic, understanding and helpful. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- As part of our inspection we spoke with the care home where 73 of the practice's patients lived and they spoke positively about the care the patients received

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 223 surveys were sent out and 114 were returned. This represented about 1% of the practice population. The practice was well above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 96%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG- 85%; national average - 86%.

- 98% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

Involvement in decisions about care and treatments

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. For example, visual prompts were available to assess the level of pain in patients with communication difficulties.
- The Electronic Referral Service (ERS) was used with patients as appropriate. (This is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- Staff helped patients and their carers find further information and access community and independent advocacy services and supported them to ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was information in the waiting room, in the practice leaflet and on the practice website, encouraging patients to identify themselves as carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 161 patients as carers (1.4% of the practice list).

There was information available on the practice website and in the waiting room advising carers of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered support with the family's needs and gave advice on how to find a support service if necessary.

Are services caring?

Results from the national GP patient survey showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. Results were consistently well above local and national averages:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Online services were available such as for repeat prescription requests and booking appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice was wheelchair accessible with disabled parking near the main entrance.
- A hearing loop was available.
- The practice had installed a bell to enable patients who may have difficulty accessing the premises to alert reception.

The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had higher than the local and national average of patients over the age of 75, some of whom were housebound leading to a higher than average number of home visits. Both GPs and nurses made home visits to respond to the needs of the housebound.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice. For example, home visits were carried out for flu vaccinations and an annual practice nurse review for housebound patients.
- The practice carried out weekly visits to a recently opened care home where 73 of their patients lived. There was a dedicated member of the administration staff who dealt with the care home's queries and

prescription requests. There was ongoing work to improve communications and the care home spoke positively about the care and treatment provided by the practice and their relationship with them.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. Responding to feedback, multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Monthly meetings were held with the nurses and HCAs to discuss long term conditions.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Immunisation and asthma checks were offered for school age children during school holidays.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care..
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had improved access by opening on Thursday afternoons.
- The practice offered a text messaging service.
- The practice employed a second HCA to enable them to increase the number of NHS health checks offered.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a Saturday flu clinic to enable working patients to attend and offered blood pressure checks at the same time.
- The practice offered 24 hour blood pressure monitoring.
- Referrals to exercise schemes were available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice told us they held patient specific multidisciplinary meetings including family members and external agencies where appropriate.
- Flexible appointments were available so that for example a patient who may be distressed in a noisy environment could be seen at an appropriate time.
- Reception staff were aware of patients in need of extra support.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had held an educational meeting for GPs about resources and treatment strategies for adolescents with mental health problems such as self harm and eating disorders.
- Alcohol screening was offered at new patient and NHS health checks and where appropriate patients were referred to the local drug and alcohol support provider or to the improving Access to Psychological Therapies (**IAPT**) service.
- The practice had 71 patients on their mental health register. A fortnightly clinic was offered with the mental health nurse at which mental health reviews were available. The current figures indicated there was a 96% uptake.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and that they could get appointments in a timely way, although it may not have been with the GP of their choice.
- The practice operated a duty doctor system and patients who felt they needed to be seen on the day were accommodated.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly above local and national averages. This was supported by observations on the day of inspection, patients we spoke with and completed comment cards. 223 surveys were sent out and 114 were returned. This represented about 1% of the practice population.

- 82% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 85% of patients who responded said they could get through easily to the practice by phone; CCG - 70%; national average - 71%.
- 92% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 86%; national average - 84%.
- 89% of patients who responded said their last appointment was convenient; CCG - 82%; national average - 81%.
- 90% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 76% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available, although patients had to ask at reception for the information. Staff treated patients who made complaints respectfully and compassionately.

Are services responsive to people's needs? (for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. Eleven complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example as a result of a complaint we saw that the practice had reviewed NICE guidance in respect of urine infections and changed the request form to make it clearer how many episodes of urine infections there had been.
- We saw that there was evidence of verbal or written apologies and meetings with the complainant offered where relevant.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and skills to deliver the practice strategy.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They had a clear understanding of their challenges and were either addressing them or had plans in place to do so. For example, the practice were due to change their electronic patient record system in June 2018 to enable improved communication and efficiency.

Vision and strategy

The practice had a vision and realistic strategy to deliver high quality care and promote good outcomes for patients.

- The practice aimed to provide good quality patient centred care with traditional family doctor values with a named GP for each patient.
- Staff were committed and engaged with the vision and aims of the practice.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy by means of monthly partners meetings and an annual whole practice strategy meeting and the high achievement in QOF, low exception reporting, increased prevalence rates and increased number of NHS health checks were a number of areas which evidenced that outcomes for patients had improved as a result.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us the partners were approachable and listened to staff. We also saw that they responded quickly to issues we raised, in some cases implementing changes on the day of our inspection.
- At all levels the practice focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues either informally or at meetings and felt confident any concerns would be addressed.
- The practice held a whole staff training event in January 2017 which was externally facilitated. One of the areas staff had identified could be improved was communication within the practice. In response, more regular meetings at all levels were introduced as well as a communications board and social events organised.
- There were processes for providing staff with the development they need. This included appraisal and career development opportunities. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. The practice were aware that nursing staff had been under pressure since a change in staffing and had employed a locum nurse as an interim measure to try and alleviate this.
- The practice promoted equality and diversity and staff told us they felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

During our inspection we found that the systems and processes within the practice had not always been operated effectively and there was a lack of continuity in some systems and processes.

Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. For example, in respect of the systems for recruitment, including locum staff, training and monitoring of vaccine refrigerators.

The practice provided assurances and evidence during or following our visit that issues had either been or would be addressed and procedures put in place to manage the risks. We have since been provided with an action plan identifying where some improvements were planned or had been implemented. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have

Are services well-led?

Requires improvement 

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

noted the information and it will be reflected once we carry out a follow up inspection at the practice and gain assurances that changes to systems or processes are embedded.

We found:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies had been established but the practice leaders had not assured themselves that they were operating as intended. We found some of the policies had not always been followed, for example in respect of recruitment, chaperones and the cold chain and there was no locum policy.
- Although there was a system in place to identify and monitor training, there were gaps in training and the system did not include an overview and monitoring of update training for nurses and HCAs.
- Issues we found with the cold chain process indicated it was not being operated effectively.
- There were weaknesses in the recruitment system as evidence was not available that all necessary checks had been undertaken prior to employment or on an ongoing basis and there was not a process in place to ensure that necessary checks and information were in place relating to locums.

Managing risks, issues and performance

- There were processes in place for managing risks, issues and performance. There were arrangements for identifying, recording and managing risks but evidence was not always available that mitigating actions had been implemented.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints and evidence of discussion at meetings was available.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for emergency incidents. However we found that the storage of emergency medicines and equipment would benefit from being rationalised.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care and were monitored.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The practice used information technology systems to monitor and improve the quality of care, for example the practice were changing to a different clinical computer system in June 2018 in order to improve their ability to share and receive patient information electronically and in order to monitor care provided.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example we saw that as a result of staff and patient feedback a number of changes had been implemented such as increased opening hours, employing additional clinical and non clinical staff to increase capacity, services and reduce the workload for staff. The practice also had a whole practice training event planned to focus on customer care.
- There was a patient participation group (PPG) and the practice told us that although membership had reduced recently there were plans in place to encourage new members to join. We spoke with a member of the PPG

Are services well-led?

Requires improvement 

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

who confirmed this and told us they had previously carried out patient surveys and were planning to be involved in promoting the reduction of medicine wastage.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice and we saw that staff were encouraged to develop their roles and supported to attend the necessary training to achieve this. Some training had fallen behind due to staffing changes.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. There was a good combined oversight of feedback, complaints and significant events, with the practice looking as a whole to identify themes for improvement. This was evidenced by the planned customer care training which was in response to feedback from patients as well as learning from complaints or a significant event.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had some systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <p>The mitigating actions identified by means of risk assessment had not always been fully embedded or followed, for example relating to legionella.</p> <p>The system for maintaining the cold chain had not been followed correctly Refrigerators used to store vaccines did not have a secondary thermometer in place and there had been issues with temperature recording. The refrigerators had not been serviced annually.</p> <p>Not all recruitment information was available in staff files and therefore there was no assurance that all necessary employment checks had taken place, particularly in respect of locum GPs.</p> <p>We saw evidence of staff training but there were some gaps and a lack of overview and monitoring of role specific training for nurses.</p> <p>We found that the storage of equipment and medicines would benefit from being rationalised to avoid a delay in accessing medicines or equipment required in an emergency.</p> <p>The practice had a range of practice specific policies but we found some examples where the practice had not acted in accordance with their own policies.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>