

Dr Mazarelo & Partners (also known as Concord Medical Practice)

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mazarelo & Partners on 20 and 28 January 2016. Overall the practice is rated as requires improvement.

We had previously carried out an inspection of the practice on 1 September 2014 when a breach of legal requirements was found;

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision (which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014 Good governance).

After the inspection on 1 September 2014 the practice wrote to us to say what they would do to meet the legal requirements above, as set out in the Health and Social Care Act (HSCA) 2008.

We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

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

- The practice had addressed some of the issues identified during the previous inspection.
- Risks to patients, such as health and safety, were assessed and well managed.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses however we had concerns about recording, investigation and outcome of significant events and complaints in the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice could demonstrate they had an effective system in place for clinical audit and they used audits successfully to improve quality.
- Staff had received training appropriate to their roles. However it was difficult to assess if they had all received the training appropriate to their role.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice sought feedback from patients, which they acted on.
- There was a clear leadership structure in place and staff felt supported by management.
- There was a lack of good governance in the practice and some concerns we identified during the inspection reflected this.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that there is an effective system for the recording, investigation and outcome of significant events.
- Ensure records in relation to the management of the regulated activities are effectively maintained, for

example, documentation in relation to the recording, investigation and outcome of complaints, training and recruitment in the practice. In addition ensure the registration of the practice is correct with CQC.

- Ensure to only use staff who have been trained and DBS checked or risk assessed as safe, to carry out chaperoning duties.

In addition the provider should:

- Consider infection control training for the infection control lead nurse.
- Clarify with the landlords of the health centre the cleanliness of the patient toilets.
- Follow their recruitment policy, for example maintain interview notes, keep a documented copy of references and be clear on the process for DBS checks.
- Keep a record of mandatory training required for each job role within the practice and ensure staff receive this and appropriate regular updates.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. The systems and processes in relation to the recording, investigation and outcomes of significant events must be improved. The practice had not followed its own recruitment policy when recruiting some new members of staff. There were infection control arrangements in place; however the lead infection control nurse had not received training for this role. Non-clinical staff had not received a DBS check or training to carry out the role of chaperone. However, there were systems and processes in place for the safe management of medicines and there were enough staff to keep patients safe. There were arrangements in place to safeguard vulnerable adults and children.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice carried out clinical audit which was linked to the improvement of patient outcomes. Staff worked with multidisciplinary teams. There was evidence of appraisals for all staff. We saw staff received training; however, there was no system in place to ensure staff received training appropriate to their role or when refresher training was due.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice above others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Patients said they could make an appointment with a GP and that there was

Good



Summary of findings

continuity of care, with urgent appointments available the same day. The practice had a system in place for handling complaints and concerns and responded to any complaints. However, they should improve the documentation in relation to the recording, investigation and outcome of complaints in the practice.

Are services well-led?

The practice is rated as requires improvement for being well-led. There was a lack of good governance and some concerns we identified during the inspection reflected this. For example, the practice could improve the documentation in relation to the recording, investigation and outcome of significant events and complaints. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients, which it acted on. The practice had an active patient reference group (PRG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

The practice was responsive to the needs of older people, including offering home visits and longer appointments. Patients over the age of 75 had a named GP. Prescriptions could be sent to any local pharmacy electronically.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people, which included housebound patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

The nurse practitioner and practice nurse managed the patients with long-term health conditions closely with the help from the administration staff who facilitated the recall of these patients when appropriate. The nurse would contact patients directly if they failed to attend two health review appointments. All patients with respiratory conditions had self-management plans in place.

Flexible appointments, including extended opening hours and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this

Requires improvement



Summary of findings

population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was compared to 97.4% nationally.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.2% to 100%. The practice's uptake for the cervical screening programme was 76.7%, which was below the national average of 81.83%. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. NHS health checks were offered for those aged between 40-74. The practice was proactive in offering online services which included appointment booking, test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. There were extended opening hours on a Saturday morning.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

Requires improvement



Summary of findings

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They carried out annual health checks for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that require improvement which therefore impact on all population groups. There were, however, examples of good practice.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. 87.5% of patients identified as living with dementia had received an annual review in 2014/15 (national average 84%). The practice also worked together with their carers to assess their needs.

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. Nationally reported data showed performance for mental health related indicators was better than national averages. The practice achieved 96.2% of the Quality and Outcomes Framework points compared to the national average of 92.8%. 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months compared to a national average of 89.5%.

Requires improvement



Summary of findings

What people who use the service say

We spoke with seven patients on the day of our inspection, which included two members of the practice's patient reference group (PRG).

Most of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good and valued service. Four of the patients told us that they felt the ladies patient toilets were in a poor state of repair and cleanliness.

We reviewed seven CQC comment cards completed by patients prior to the inspection. The cards completed were all positive. Common words used to describe the practice included, excellent, helpful, caring and pleasant staff.

The latest GP Patient Survey published in July 2015 showed that scores from patients were above national and local averages. The percentage of patients who described their overall experience as good was 94%, which was above the local clinical commissioning group (CCG) average of 88% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 81% (local CCG average 81%, national average 78%).
- 94% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 97% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 99% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.

- 95% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- Percentage of patients who usually had to wait 15 minutes or less after their appointment time to be seen- 85% (local CCG average 71%, national average 65%).
- Percentage of patients who find the receptionists at this surgery helpful - 90% (local CCG average 90%, national average 87%).

These results were based on 121 surveys that were returned from a total of 304 sent out; a response rate of 40% and 2.3% of the overall practice population.

The practice had recently contracted an external company to conduct a survey of the practice, the results of which had been received in January 2016. Therefore the practice had not had time to discuss the results or formulate an action plan.

They received 125 responses which is 2% of the patient population.

- 99% of the patients found the receptionists helpful.
- 61% of patients said they were able to get an appointment on the day or next day, of which 85% considered this good or excellent.
- 86% said the waiting times to see the GPs were good, very good or excellent.
- 91% said the GP gave them enough time.
- 96% said the GP was good at listening.
- 94% said the nurse gave them enough time.
- 93% said the nurse was good at listening.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there is an effective system for the recording, investigation and outcome of significant events.
- Ensure records in relation to the management of the regulated activities are effectively maintained, for example, documentation in relation to the recording, investigation and outcome of complaints, training and recruitment in the practice. In addition ensure the registration of the practice is correct with CQC.
- Ensure to only use staff who have been trained and DBS checked or risk assessed as safe, to carry out chaperoning duties.

Action the service **SHOULD** take to improve

- Consider infection control training for the infection control lead nurse.
- Clarify with the landlords of the health centre the cleanliness of the patient toilets.
- Follow their recruitment policy, for example maintain interview notes, keep a documented copy of references and be clear on the process for DBS checks.
- Keep a record of mandatory training required for each job role within the practice and ensure staff receive this and appropriate regular updates.

Dr Mazarelo & Partners (also known as Concord Medical Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Dr Mazarelo & Partners (also known as Concord Medical Practice)

The area covered by Dr Mazarelo & Partners includes the Washington and Springwell Village areas. The practice provides services from the following address and this is where we carried out the inspection: The Health Centre, Victoria Road, Washington, Tyne and Wear, NE37 2PU.

The surgery is located in purpose built premises in the Concord area of Washington. The surgery is shared with four other GP practices. Dr Mazarelo & Partners have their own consultation and treatment rooms in the building and share some facilities such as toilets and parking. Facilities for patients are located on the ground floor.

The practice has three full time male GP partners and one part time female salaried GP. There is one nurse practitioner and one practice nurse both of whom are part-time. There is a practice manager and a reception manager and five administrative staff.

The practice provides services to approximately 5,200 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England.

The practice is open Monday to Friday 8:30am to 6pm with extended opening hours on a Saturday morning from 9am to 11:45am.

Consulting times with the GPs and nurses range from 8:30am – 11:45am and 2:30pm – 4:40pm Monday to Friday and Saturday mornings 9am until 11:45am.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Mazarelo & Partners on 20 and 28 January 2016. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health

Detailed findings

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. This inspection was also carried out to check that improvements to meet legal requirements planned by the practice after our inspection on 1 September 2014 had been made.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 20 and 28 January 2016.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in September 2014 we identified some concerns in relation to the way significant events were investigated once they were raised. We also had concerns regarding systems in place to record actions taken in response to patient safety alerts. We said this was an area where the practice should improve.

The practice manager explained they were responsible for the management of significant events. Staff told us that significant events would be raised on the local clinical commissioning group (CCG) Safeguard Incident & Risk Management System (SIRMS). The practice manager said they would then be discussed at clinical meetings which took place at least once a month. We asked to see the recording, investigation and outcome of some of the significant events. However, the practice manager told us there was no record of this as such; they were recorded on SIRMS and outcomes were documented in the minutes of clinical meetings, of which we saw examples. We raised this issue in the feedback from the inspection to the three GP partners. They said there was a significant event form which had been devised following our previous inspection and the investigations for them were kept in a folder on the shared computer system. The practice manager was unaware of this form or folder. Therefore, there appeared to be confusion over how significant events were recorded. There was no clear system across the practice and no yearly review of significant events. The GP partners and practice manager said they would take this away and look at the system; they said a yearly review of significant events was planned for the future.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager had improved the way national patient safety alerts were disseminated. They decided who needed to see them and there was a system in place to ensure that the appropriate members of staff had read the alert and taken any necessary action. However, the practice manager had recognised there was a need for and was working towards a system for the dissemination of alerts when they were absent from work.

Overview of safety systems and processes

When we inspected the practice in September 2014 we identified some concerns in relation to;

- Safeguarding training.
- The way the practice carried out chaperoning duties.
- The emergency medicine boxes.
- Vaccine refrigerator temperatures.
- Infection control.
- Recruitment checks on staff.

During the inspections in January 2016 we saw improvements had been made in relation to safeguarding training, emergency medicines and vaccine refrigerator temperatures. Improvements should still be made in relation to chaperoning duties and staff recruitment.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP partner had the lead role for safeguarding children and another partner, safeguarding adults. We saw minutes of clinical meetings where the safeguarding list of vulnerable children in the practice was discussed and the health visitor was in attendance. Staff demonstrated they understood their responsibilities and had all received training relevant to their role, with the exception of one new member of staff. Both safeguarding leads had received level 3 safeguarding children training.
- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurses or administrative staff carried out this role. Non nursing staff who acted as chaperones had not received training or had a Disclosure and Barring Service (DBS) check completed to help make sure they were safe to carry out this role. 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. We asked the

Are services safe?

practice to only use the nursing staff for this role until chaperone training and DBS checks had been sourced for non-clinical staff carrying out these duties. They confirmed they would do this.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The practice had fire risk assessments in place. There were annual fire drills. Most staff had had received formal fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed in the practice. We observed the premises to be clean and tidy. The practice nurse was the infection control lead; however they had not received formal training for this role. Most staff had received infection control training. The practice shared a female patient toilet with the other practices in the health centre. Patients raised with us the issue of the cleanliness and disrepair of the toilets. The seals around the hand basins had failed and there was exposed wood on the hand basin units which made them difficult to clean. There was visible black grime around the hand basin and one of the lights was not working in one of the toilets. At our first inspection there was no log of when the toilet had last been cleaned, there was one present at the second inspection. The practice arranged after our inspection to meet with the landlords regarding this issue.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). Prescription pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist.
- We asked to see the recruitment records for the two locum staff who had been employed in the practice in the last year. Appropriate records had been checked

before they worked at the practice, for example, copies of General Medical Council (GMC) registration, medical indemnity insurance, DBS checks and relevant training certificates.

- The practice manager told us that they had introduced a new recruitment policy from October 2015. We asked to see the recruitment records for the last two members of staff recruited. A member of staff recruited in August 2015 had been interviewed however there were no interview notes, the first reference of two sought from a previous employer was said to be taken verbally and therefore there was no record of this. Identity details had been checked. A DBS check had only been applied for at the time of our second inspection in January 2016; the member of staff had one to one contact with patients and would have required a DBS prior to employment. However, the other recently recruited member of staff had the appropriate recruitment records in place with the exception of interview notes.
- We saw that there were checks made on the relevant professional bodies staff were required to register with, such as the nursing and midwifery council (NMC) for nurses. There was medical indemnity insurance cover in place for clinical staff and we saw records of this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, the reception manager organised this. The practice rarely used locum cover. There were rotas in place for GP and administration staff cover.

Arrangements to deal with emergencies and major incidents

Staff had received basic life support training, with the exception of a new member of staff and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE, they were available in a folder on the desktop of all of the computers the clinical staff used. This information was used to develop how care and treatment was delivered to meet patient needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Nationally reported data taken from the QOF for 2014/15 showed the practice had achieved 97% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.2%. The practice had 11.9% clinical exception reporting which was above the national average of 9.2%. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was a statistical outlier for the antibiotic prescribing QOF clinical targets. This was discussed with the lead GP who explained that this had been audited and an action plan was in place.

Data from 2014/15 showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).

- Performance for diabetes related indicators was better than the national average (91.9% compared to 89.2% nationally).
- Performance for mental health related indicators was above the national average (96.2% compared to 92.8% nationally).
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. 88% of patients had a reading measured within the last nine months, compared to 83.7% nationally.
- Performance for dementia indicators was above the national average (96.2% compared to 94.5% nationally). The practice had identified this as an area for improvement and were setting up a clinic and home visits to carry out advanced care planning.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 96.2% of the points available. This compared to the national average of 92.8%. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.
- Performance for heart failure related indicators related indicators was slightly lower than the national average. The practice achieved 93.1% of the points available. The national average performance was 97.9%. The practice told us they believed this to be an error in their data recording and the practice nurse was currently carrying out work on this to establish why the figure was lower than the national average.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw examples of three clinical audits of which two were two cycle audits; they covered clinical topics. They were all in the last twelve months. One of the GP partners told us that the results of audits were discussed at clinical meetings. We also saw an audit of minor surgery which was carried out in 2015.

The practice had carried out a recent audit to assess whether patients taking medication for an overactive bladder had had their blood pressure checked in the last

Are services effective?

(for example, treatment is effective)

twelve months, as recommended in a recent drug safety update. The first cycle of audit found that seven patients were prescribed this medication and only four (57%) had received blood pressure monitoring in the last twelve months. At the second audit it was found that 100% of patients had received monitoring and therefore the recommended standard of 90% had been exceeded.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role. There was also a locum induction pack at the practice.
- We saw that nursing and administration staff had received a yearly appraisal. All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The salaried GP also received an in house appraisal.
- At our previous inspection in September 2014 we raised concerns that not all staff had received safeguarding training and that there was no training matrix in place which identified mandatory training for each member of staff or when refresher training was due. At this inspection we saw each member of staff had a record of training, however, there was no system in place to identify what training they should have received or how often. For example, there was no information governance training for staff other than for one who had received this in 2007. Most staff had received safeguarding and infection control training. There was other training in place such as basic life support, health and safety, fire and equality and diversity. A new member of staff was waiting for most of their training to be arranged. The nursing staff had received the appropriate training for their role except infection control lead training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and

accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services, for example when people were referred to other services.

The nurse practitioner and practice nurse managed the patients with long-term health conditions closely with the help from the administration staff who facilitated the recall of these patients when appropriate. The nurse would contact patients directly if they failed to attend two health review appointments. All patients with respiratory conditions had self-management plans in place. Annual health checks were also in place for patients with mental health conditions, a learning disability and for carers. Longer appointment times were given for these checks to ensure the patient had sufficient time with the clinician.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. There were practice multi-disciplinary team (MDT) meetings. Recently a cluster of five local practices had begun to hold weekly MDT meetings. The purpose was to risk stratify patients, and the community matron and community geriatrician attended the meetings. The practice already had in place care plans for the top 2% (approximately 100) of patients identified as being most at risk of unplanned admission to hospital. As a result of the weekly MDTs the practice aimed to have enhanced care planning in place for the top 1% of patients with the focus on reducing unplanned hospital admissions.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the

Are services effective?

(for example, treatment is effective)

last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 76.7%, which was below the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.2% to 100% and five year olds from 88.1% to 100%. Child immunisation clinics

were held on a weekly basis. Those who fail to attend their appointment are contacted by letter and any concerns are raised with the health visitor. The flu vaccination rates for the over 65s was 72.5% (compared to 73.2% nationally), and for at risk groups was 41.1% (compared to 53.4% nationally).

NHS health checks were offered to all patients aged 40-74 years. New patients' registration medical appointments were with the practice nurse. Patients were also opportunistically picked up for checks at their appointments with the GP or nurse.

Any patients who are overdue any routine screening, cervical screening, annual health checks and have not responded to a letter are contacted by the nurse.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed seven CQC comment cards completed by patients prior to the inspection. The cards completed were all positive. Common words used to describe the practice included, excellent, helpful, caring and pleasant staff.

Most of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included very good and valued service.

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

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients 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 and aligned with these views.

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

- 94% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 81%.
- 97% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 99% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The patient waiting area had a large amount of information for patients. There were notice boards specifically dedicated to dementia, carers, breast feeding and information on them regarding the support available.

The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all people who were carers and were being supported, for example, by offering

Are services caring?

health checks and referral for social services support. There were 65 patients on the carer's register, accounting for 1.25% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support. The practice always sent a bereavement card to the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. For example, they were recently involved in the creation of a small federation of GP practices in the locality. (A Federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities). Funding had been secured to go forward with this and the practice were looking at providing shared services such as family planning and minor surgery. There was also a bid for funding for a project to improve the care of patients who suffered with Parkinson's disease.

The practice had many long established members of staff which helped the practice understand the needs of the local population as they knew most of them well.

The practice had a patient reference group (PRG) with four members. The group met quarterly and was chaired by the reception manager. We spoke with two members of the PRG. They commented positively on changes which had been made as a result of the group's feedback. The practice changed the doors at the entrance of the practice following feedback and also the landlord was contacted about the landscaping outside the practice which was poor and this was improved.

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

- The practice offered extended opening hours on a Saturday morning from 9am to 11:45am.
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- Specialist Clinics were provided including minor surgery and chronic disease management.

Access to the service

The practice was open Monday to Friday 8:30am to 6pm with extended opening hours on a Saturday morning from 9am to 11:45am.

Consulting times with the GPs and nurses range from 8:30am – 11:45am and 2:30pm – 4:40pm Monday to Friday and Saturday mornings 9am until 11:45am.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and patients who completed CQC comment cards said they could always get an appointment when they needed one. Some said they did have to sometimes wait to see the GP of their choice but they were willing to do so.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were routine appointments to see a GP available the same day. There were emergency appointments available every day at the practice. The nurse practitioner ran minor illness clinics three days every week.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was in line with or higher than local and national averages. For example;

- 79% of patients were satisfied with the practice's opening hours compared to the local CCG average of 80% and national average of 74%.
- 95% patients said they could get through easily to the surgery by phone compared to the local CCG average of 79% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.

Listening and learning from concerns and complaints

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

We saw the practice had received four complaints since August 2015. We asked to see the documentation in relation to the recording, investigation and outcome of the complaint. In the case of the verbal complaints there was only a copy of the outcome letter which had been sent to the patient, there was no record of what the complaint was about. There was no audit trail of what action and

Are services responsive to people's needs?

(for example, to feedback?)

investigation had been carried out when complaints had been made. Where mistakes had been made, however, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Staff we spoke with talked about patients being their main priority. The aims of the practice were to provide all of its patients with high quality care through continuous improvement whilst maintaining a motivated and happy workforce responsive to the needs of the patients as well as the staff.

The practice did not have a documented business plan or vision strategy. However, they were aware of their challenges and where further improvements could be made. For example, they had identified that the care of patients with dementia could be better and were setting up a surgery and home visits to carry out advanced care planning in this area.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

There were some governance arrangements which supported the delivery of the strategy and good quality care.

- A new practice manager had been appointed in the last six months and they had made some improvements to the concerns we identified at our previous inspection in September 2014.
- There was a staffing structure and staff were aware of their own roles and responsibilities. The practice manager was the lead for health and safety, significant events and complaints. The practice nurse was lead for long-term conditions. Two of the GP partners were the leads for safeguarding.
- Practice specific policies were implemented and were available to all staff.
- The practice had completed the NHS information governance toolkit which is an online system which allows organisations to assess themselves or be assessed against Information Governance policies and standards.

However, there were areas where improvements could be made, particularly in relation to the keeping of records;

- The practice had failed to address an identified breach of the Health and Social Care Act 2008 and associated regulations in relation to significant events. An action plan was received by the Commission to say the practice would be compliant with the breach of regulation by 1 July 2015, but this was not met.
- Improvements need to be made to the documentation in relation to the recording, investigation and outcome of complaints.
- The practice need to follow recruitment procedures and keep comprehensive recruitment records.
- They need to keep records of mandatory training required for each job role within the practice and ensure staff receive this and appropriate regular updates.
- CQC registration issues in the practice had not been addressed for over two years by the management team. We have written to the practice separately regarding this.

Leadership, openness and transparency

There was a well-established management team with allocation of responsibilities. However, GP partners should be more involved in the day to day running of the non-clinical areas of the practice to ensure good governance of the practice.

Regular meetings, involving staff at all levels, were held. Staff told us they felt supported in their roles and management at the practice were approachable. The practice manager showed us examples of minutes of the meetings which were held, for example, multi-disciplinary (MDT) and clinical meetings.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a recent patient survey and formal and informal complaints received and the practice reference group (PRG).

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and

Are services well-led?

Requires improvement



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

discuss any concerns or issues with colleagues and management. All staff were encouraged to identify opportunities for future improvements on how the practice was run.

Continuous improvement

The practice team was forward thinking and were recently involved in the setup of a small federation of GP practices in the locality. The aim was to provide improved services to patients such as minor surgery and flu clinics.

Recently a cluster of five local practices had begun to hold weekly MDT meetings. The purpose was to risk stratify patients. The community matron and community geriatrician attended the meetings.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.</p> <p>Specifically, the provider must;</p> <ul style="list-style-type: none">• Ensure that there is an effective system for the recording, investigation and outcome of significant events.• Ensure records in relation to the management of the regulated activities are effectively maintained. This includes records relating to complaints, recruitment and training. <p>Regulation 17, (2),(b),(d) (ii)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure that person's employed were of good character or had the competence and skills necessary for the work to be performed by them. .</p> <p>Specifically, the provider must;</p> <p>Ensure to only use staff who have been trained and DBS checked or risk assessed as safe, to carry out chaperoning duties.</p> <p>Regulation 19, (1),(a),(b)</p>