

Gorse Hill Medical Centre

Quality Report

879 Chester Road
Stretford
Manchester
M32 0RN
Tel: 0161 864 2496
Website: www.gorsehill.gmccars.co.uk

Date of inspection visit: 29 January 2015
Date of publication: 14/05/2015

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Gorse Hill Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We undertook an inspection of Gorse Hill Medical Centre on 29 January 2015 as part of our new comprehensive inspection programme. The practice has a branch practice, Ayres Road Surgery, which we also visited during this inspection. We looked at how well the practice provided services for all population groups of patients. The inspection took place at the same time as other inspections of GP practices across the Trafford Clinical Commissioning Group.

Overall the practice is rated as requiring improvement.

Our key findings were as follows:

- Care was provided in an environment which was clean and organised.
- There was a nominated GP lead for the safeguarding of adults and children. Systems were well established to safeguard children and adults.

- Care plans were in place for patients who were older or had multiple complex conditions which could increase the risk of unplanned hospital admissions or attendance at accident and emergency.
- Patients were positive about their overall experience of making appointments
- The Patient Reference Group were complimentary about the responsiveness of the practice when acting on comments or complaints.
- Patients said staff were caring and always helpful

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

Importantly, the provider must:

- Ensure there is effective medicines management in place. Emergency drugs must be available and effective checks on expiry dates of medicines must be undertaken.
- Ensure that staff have access to emergency equipment, with appropriate policy guidance in place

Summary of findings

- Ensure staff are safely and effectively recruited and employed by undertaking appropriate recruitment checks and maintaining comprehensive staff files.
- Ensure systems are in place to verify the registration of all clinical staff with their professional bodies.
- Ensure staff have annual documented appraisals, with identified personal development plans.

In addition the provider should

- Provide additional training on the practice's electronic records system
- Provide appropriate training for staff on the Mental Capacity Act (2005)

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 practice had a system by which the practice could identify safety issues and take appropriate action. Minutes of meetings provided evidence that incidents, events and complaints were discussed and where appropriate actions were identified to minimise re-occurrence of the incident or complaint. There was a nominated GP lead for the safeguarding of adults and children. Systems were well established for the safeguarding of children and adults.

We found the management of medicines required improvement. Some emergency medicines were not available and one was found to be out of date. Equipment to deal with medical emergencies was not readily available.

We found staff files were poorly maintained. Information to demonstrate staff had been safely recruited was not available. The recruitment policies, although reviewed, contained incorrect information.

Requires improvement



Are services effective?

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

We were told multidisciplinary working with external health professionals was taking place but was generally informal and record keeping was limited. Staff said this included other health professional such as midwives, health visitors or members of the community health services. We were told the practice had regular palliative care meetings; however the last minutes reviewed were dated 26 September 2014.

We found some staff had little awareness of the Mental Capacity Act 2005 and there was no evidence to demonstrate they had received appropriate training.

Patients we spoke with said they felt they received care appropriate to their needs. They told us they were involved in decisions about their care as much as possible

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

Patients we spoke with and comments received on the CQC comment cards were extremely positive about the attitude of staff. We were told the GP and nurses provided an excellent service. Patients said they were always treated in a respectful manner. Comments included being treated promptly, professionally and that patients felt listened to.

The practice offered patients a chaperone prior to any examination or procedure. Information about having a chaperone was seen displayed in the reception area and all treatment and consultation rooms.

Patients we spoke with told us they had enough time to discuss things fully with the GP and most patients felt listened to and felt both the GP and practice nurses were compassionate.

Patients said they did feel involved in decisions about care and treatments provided. They told us they received appropriate explanations about diagnosis and treatments.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Care plans were in place for patients who were older or had multiple complex conditions which could increase the risk of unplanned hospital admissions or attendance at accident and emergency.

Staff confirmed patients who had learning difficulties were given longer appointments for routine visits and annual general health reviews. The practice held a register of vulnerable children and adults.

We were told care plans were in place for patients diagnosed with mental health problems. The practice liaised with the community mental health team to ensure appropriate care and treatment was provided.

The practice had an active Patient Reference Group (PRG). We spoke with two lead members of the group. We were told the practice was very responsive to the needs of the patients. They confirmed that health reviews for patients with long term conditions were undertaken and that any referrals into other health or social care service were made promptly.

Home visits were carried out by the advanced nurse practitioner (ANP), with liaison or a visit by a GP if required. Daily emergency appointments were offered at a clinic managed by the ANP at Ayres Road Surgery. The clinic had been implemented as a response to improve access for patients

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for providing well led services.

We were not provided with any written vision or strategy for the practice. Staff were not clear about plans for the future of the practice.

The practice had policies and procedures in place to give staff guidance. Some policy guidance required review and others were undated. The electronic system had a shared hard drive for the location of policies or protocols, however staff told us they struggled to access these and other information stored electronically.

We did not see evidence of documented appraisals in staff personnel files and it was unclear how staff were supported in their personal or professional development.

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

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

Patients over 75 years of age had a nominated GP. Care plans were in place for those at risk of unplanned admission to hospital. A screening programme was planned in line with the enhanced services provided. These included diabetes, and dementia.

Home visits were undertaken by the Advanced Nurse Practitioner or GPs as required.

Requires improvement



People with long term conditions

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

GPs and the practice nurse led on the management of patients with long term conditions. Specific clinics were provided for the review of these patients where longer appointments were required.

Patients we spoke with, in this population group, confirmed that they received requests to come into the practice for a review of their condition on a regular basis.

Care plans were in place for this population group and the practice was providing an enhanced service to prevent unplanned admissions to hospital.

Requires improvement



Families, children and young people

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

The practice had a high uptake of the child immunisation programme from 12 months to 5 years of age, with 95-100% achieved in all vaccination types. There was a system in place to ensure that any child who did not attend was followed up with either letters or telephone calls. Baby clinics were held alternate weeks at the main and branch surgery. The practice also took the opportunity to offer immunisation of children whenever they were brought into the surgery, if due or overdue.

The practice had an established system in place for the safeguarding of children. Staff had a good understanding of their roles and responsibilities when any concerns were raised.

Requires improvement



Summary of findings

The female practice nurse led on the cervical smear programme. However we did not see any additional information or health promotion and screening which reflected the needs for this age group.

Working age people (including those recently retired and students)

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

Extended surgery hours were offered for patients who may not be able to attend during working hours.

We did not see any additional information or health promotion and screening which reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

The practice maintained a register of those people whose circumstances made them vulnerable. This included patients with learning disabilities. We were told the practice offered longer appointments for those patients to ensure their needs were fully met.

We did not see any additional information or health promotion and screening which reflected the needs for this age group.

Requires improvement



People experiencing poor mental health (including people with dementia)

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

A dementia screening programme was in progress for those presenting with mental health issues as part of the enhanced services offered by the practice.

We were told care plans were in place for patients diagnosed with mental health problems. The practice liaised with the community mental health team to ensure appropriate care and treatment was provided

Requires improvement



Summary of findings

What people who use the service say

We spoke with three patients who were visiting the surgery and we contacted five patients by telephone following the inspection.

All comments received were very positive about the care and treatment provided at Gorse Hill Medical Centre. Patients reported their experiences as very good or excellent. These comments were from patients across the practice population age, sex and ethnic groups.

Patients we spoke with were extremely satisfied with the service provided. They said they could always get an appointment within a reasonable time and the same day in an emergency. We were told all staff were polite, friendly and responsive to the needs of patients. Patients said the GPs explained treatments well.

One patient told us they found it difficult to get an appointment at a time that suited them, however most patients we spoke with were satisfied with the appointment systems available.

We received 31 completed Care Quality Commission comment cards. The majority of the comments also reflected a positive experience for patients from both the nurses and GPs. We received four negative comments. These comments referred to the waiting time to see a specific GP, only being able to discuss one problem during an emergency appointment and consultations feeling rushed at times.

Two of the patients we spoke with were lead members of the Patient Reference Group (PRG). We were told the practice was extremely supportive of the PRG and always responded to any comment, complaint or suggestion made via the group. The PRG members said the practice kept them informed of developments.

The 2014 NHS England GP patient survey reflected that 74% of respondents felt the overall experience of their GP surgery was good or very good and 74% of respondents said that both GPs and nurses were good or very good at treating them with care and concern.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is effective medicines management in place. Emergency drugs must be available and effective checks on expiry dates of medicines must be undertaken.
- Ensure that staff have access to emergency equipment, with appropriate policy guidance in place
- Ensure staff are safely and effectively recruited and employed by undertaking appropriate recruitment checks and maintaining comprehensive staff files.

- Ensure systems are in place to verify the registration of clinical staff with their professional bodies.
- Ensure staff have annual documented appraisals, with identified personal development plans.

Action the service **SHOULD** take to improve

- Provide additional training on the practices electronic records system
- Provide appropriate training for staff on the Mental Capacity Act (2005)

Gorse Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, two additional CQC inspectors and a practice nurse specialist advisor.

Background to Gorse Hill Medical Centre

Gorse Hill Medical Centre is located on a busy main road in Stretford, Manchester. The practice provides primary medical services under a General Medical Services contract with NHS England. The practice is part of the Trafford Clinical Commissioning Group (CCG) and has 5600 registered patients. There is a branch surgery at Ayres Road Surgery, approximately two miles away. Patients are able to attend either practice.

The practice population of 65 years and above is significantly lower at 8.9%, compared with the national average of 16.5% and has 3.9 % of patients over 75 years compared with the 7.7 % national average. The practice has the same average number of working age patients of 59.8 % as the national average. At 15.2% the practice has a higher number of patients aged five to fourteen. The practice also has a high percentage of patients for whom English is not their first language.

The opening times at Gorse Hill Medical Centre are:

8.30 am – 6.30 pm Monday to Friday, with extended hours available until 7.30pm each Tuesday. The practice closes at 1.30pm each Wednesday.

The opening times at Ayres Road Surgery are:

9.30am – 6.30 pm each day except Wednesday when the surgery closes at 1.30pm. Extended hours are also available each Monday until 7.30 pm.

The practice staff includes; Three GPs, one male and two female, an Advanced Nurse Practitioner, a practice nurse, a business management consultant and a number of administration and reception staff. Staff work across the two surgeries.

Both surgeries are located close to Manchester city centre and information published by Public Health England, rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

For care and treatment out of hours patients are directed to ring NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

- 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 January 2015. During our visit we spoke with a range of staff including the GPs, practice nurse, advanced nurse practitioner, administration and reception staff and the business manager. We spoke with patients who used the service and members of the Patient Reference Group. We reviewed comments made by patients on the Care Quality Commission comment cards made available in the practice.

We saw how staff interacted with patients and managed patient information when patients telephoned or called in at the service. We saw how patients accessed the service. We reviewed a variety of documents used by the practice to assist staff to run the service.

Are services safe?

Our findings

Safe track record

The practice had a system by which the practice could identify safety issues and take appropriate action. National patient safety alerts as well as comments and complaints received from patients were used to identify issues that could affect either patient safety or that of the safe running of the practice. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Reports and data from NHS England and the Clinical Commissioning Group, indicated that the practice had a good track record for maintaining patient safety.

Learning and improvement from safety incidents

The practice had an established system in place for reporting, recording and monitoring significant events. Incidents were discussed at practice and clinical meetings. Minutes reviewed demonstrated both clinical and non-clinical staff attended. Minutes of meetings provided evidence that incidents, events and complaints were discussed and where appropriate actions identified to minimise re-occurrence of the incident or complaint. Staff we spoke with were clear about their responsibilities in raising concerns.

We were told safety alerts were disseminated to the practice staff by the lead GP via email and these were printed off and signed by staff to acknowledge that they had been read and actioned appropriately. We were not provided with any recent examples.

We reviewed the investigation of two recent events and saw that these had been reviewed, recorded and action taken in a timely manner. Staff we spoke with were aware of the incidents and the actions taken as a result.

Reliable safety systems and processes including safeguarding

There was a nominated GP lead for the safeguarding of adults and children. The GP had been trained to the required level. We looked at training records which showed that all staff had received relevant role specific training on safeguarding.

We spoke with the GP lead and it was verified they attended safeguarding leads meetings at the Clinical Commissioning Group (CCG) and communicated regularly with the Local Safeguarding Children's Board (LSCB).

The practice maintained a register of children on the child protection register, those that lived in local authority care and those deemed at potential risk. A register was also maintained for vulnerable adults. Alerts were utilised on the electronic patient record system.

The practice had up to date child and vulnerable adult safeguarding policies and supportive protocols and procedures in place. Staff were familiar how to access these. Staff we spoke with had a good understanding of safeguarding and their responsibilities to escalate any concerns. Contact details of the local authority were available. All staff were aware of the GP lead for safeguarding issues.

The practice had a chaperone policy. Non clinical staff (receptionists) who undertook chaperone duties explained they had received training from the lead GP for safeguarding on the requirements of a chaperone and that Disclosure and Barring Service (DBS) checks had been undertaken. Chaperone training status for staff was recorded electronically on the practice system.

Notices explaining the availability of a chaperone were displayed in the reception windows at both Gorse Hill and Ayres Road.

Medicines management

Policy guidance for the correct storage and handling of vaccines was not readily available. This is known as the cold chain and gives guidance on the required storage temperatures and transfer of vaccines and immunisation medicines to ensure they are safe for use. Staff told us this was normally kept on the fridge but was not found during the inspection. However we saw that the vaccines were stored correctly and that fridge temperatures were recorded daily. We were told the policy guidance was available on line.

At Ayres Road Surgery we noted the minimum and maximum ranges of the vaccine fridge were set to high. Guidance states minimum and maximum temperatures

Are services safe?

should be between 2 – 8 degrees Celsius. The fridge was set at 4-12 degrees Celsius; however we saw the temperature had never gone below 2 degrees minimum or 6 degrees maximum, so the vaccines were fit for use.

Medicines for use in medical emergencies were kept securely in the treatment rooms. An emergency kit to treat anaphylaxis was readily available and in date. However we were told that benzyl penicillin, for first line use in suspected meningitis, had expired the previous week and was still not available on site.

Prescriptions were reviewed and signed by a GP before they were given to the patient. The nurse practitioner was also appropriately trained to prescribe some medicines. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

We found out of date British National Formulary (BNF) guidance books at both locations. One dated 2009. BNF is a pharmaceutical reference book giving information and advice on prescribing medicines. This includes any contraindications of multiple medicines, side effects and doses.

A recent audit had revealed only 45% of patients who had regular repeat prescriptions had undergone a recent medicine review. 65% of patients on four or more medicines had undergone a medicine review.

We were told the most recent prescribers report had shown the practice to be over budget. The practice had sought support from the CCG. A medicines optimisation review was on-going. This was to ensure that patients were on the best, most cost effective treatments.

Cleanliness and infection control

We saw that both practices were clean and tidy. We saw cleaning schedules were in place and regular monitoring checks were carried out to ensure the practice cleanliness was acceptable. Comments we received from patients indicated that they always found the practice to be clean and maintained to a good standard.

There was an Infection Prevention and Control (IPC) policy in place. This covered key areas including hand washing, clinical waste management and needle stick injuries. There was no practice lead identified for IPC within the policy document seen, however the practice sought advice from an external NHS Infection Control expert. One of the GPs ,

who was also the Director of Management, confirmed he was the practice lead for IPC. Annual audits of IPC had been undertaken and when we reviewed the audit for January 2015, we saw that minor actions required had been completed.

We saw the consultation and treatment rooms had adequate hand washing facilities. Instructions about hand hygiene were available throughout the practice with hand gels in clinical rooms. We found protective equipment such as gloves and aprons were available in the treatment/ consulting rooms. Couches were washable.

Minor surgery was undertaken at the Ayres Road Surgery. We saw the treatment area was clean and maintained to a high standard and was appropriate for use. Instruments used for minor surgery procedures were single use only.

We saw sharps bins for discarded needles were wall mounted at both surgeries but were not consistently dated when put into use.

Clinical waste was handled and stored as required. An external company was responsible for collections every two weeks, as the surgery generated very little clinical waste.

Specimens when handed in by patients were handled appropriately and stored in a separate fridge.

Records were available to indicate that risk of Legionella (a bacterium that can grow in contaminated water and can be potentially fatal) had been considered and assessed as low risk. This was reviewed annually. The next test was due by an external company in August 2015.

Equipment

We found equipment was maintained in good working order at both surgeries. Equipment had been tested and maintained regularly and we saw records which confirmed this. Contracts were in place for annual checks of fire extinguishers and portable appliance testing (PAT). We saw that annual calibration and servicing of medical equipment was up to date.

We saw the practice had some equipment for the recording of electrocardiograms (ECG) and for testing for deep vein thrombosis (DVT), however staff told us they had not received any training on this equipment so tests were not offered to patients. Spirometry (lung function) tests were undertaken.

Staffing and recruitment

Are services safe?

The practice had a recruitment policy in place but this contained out of date information. The policy indicated a review had been undertaken in October 2014 but this still made reference to the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) for criminal checks. The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) merged over two years ago to become the Disclosure and Barring Service (DBS).

We reviewed a sample of eight personnel files of clinical and non-clinical staff. We found staff files were poorly maintained. Each file contained the staff handbook and evidence of induction but there was no information to verify that any staff had been safely and effectively recruited, this included the recently employed advanced nurse practitioner. There was no evidence of application forms, interview notes, health checks, job descriptions, photographic identification checks, criminal checks either from the CRB or DBS or contracts.

We did not see a system in place to record and check professional registration of staff with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional indemnity insurance for clinical staff was up to date and valid.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We were told staff worked in rotation across the two surgeries. There was an appropriate staffing procedure in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. All new employees working in the building were given induction information for the practice which covered health and safety and fire safety.

There was a health and safety policy available for all staff and this was supported by a staff handbook which

included both general workplace and clinical policies and procedures. A general health and safety risk assessment for the premises and environment had been undertaken in January 2015.

There was a fire risk assessment in place and the practice regularly had fire equipment tested. A fire marshal was identified.

Arrangements to deal with emergencies and major incidents

An appropriate business continuity plan was in place. The plan covered business continuity, staffing, records/ electronic systems, clinical and environmental events. Staff were aware of the plan and where it could be found.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised fire drills.

Staff had received training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). This was updated annually. Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. However at Gorse Hill we found syringes that were out of the sterile wrapping, needles and one medicine, Furosemide (used to treat excess fluid retention in some chronic conditions) were out of date.

We did not see a policy for the management of medical emergencies. Equipment to deal with medical emergencies was not readily available. The oxygen cylinder at Gorse Hill was empty and out of date. There were no records to verify when the cylinder had last been checked. At Ayres Road oxygen was available and in date, however recorded checks were not maintained. There was no defibrillator at either site. Current guidance from professional bodies such as the Royal College of GPs (RCGP), the British Medical Association (BMA) and the Resuscitation Council UK recommends that it is best practice to have this equipment available. We did not see any risk assessment as to the rationale for the emergency equipment available at either surgery.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients we spoke with said they felt they received care appropriate to their needs. They told us they were involved in decisions about their care as much as possible. New patient health checks were carried out by the practice nurse and health checks and screenings were undertaken in line with national guidance.

GPs confirmed that they had online access to National Institute for Health and Care Excellence (NICE) guidance and considered this and other professional guidance when assessing and treating patients.

Clinics were run by both the GPs and practice nurse for long term and complex medical conditions. These included chronic obstructive pulmonary disease, cardio vascular disease and asthma. The advanced nurse practitioner also ran daily emergency clinics for acute illness and had recently started a weekly diabetes management clinic.

Care plans had been put in place in line with national guidelines for patients who met the criteria to avoid unplanned admissions to hospital. This was part of local enhanced services provided at the practice.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audits. Examples of two recent clinical audits included identification of diabetes in siblings of patients diagnosed with diabetes and identification of patients with undiagnosed hepatitis C. However there was no evidence that the audit findings had been shared with all clinical staff.

One GP carried out minor surgery at the Ayres Road Surgery. The surgery was undertaken in line with their registration and NICE guidance. Regular audits were completed on their results and used to improve individual learning and the service provided.

The practice routinely collected information about patients' care and treatment. It used the Quality and Outcomes Framework (QOF) to assess its performance and

undertook clinical audits. QOF is a national performance standard. QOF data showed the practice achieved 895.8 out of a possible 900 points and performed above the average for the local clinical commissioning group.

The lead GP explained the practice had in the past participated in a project to improve health inequalities for patients, supported by the Clinical Commissioning Group (CCG). We were told the practice had recently been given the lead by the CCG to regenerate this project.

An Advanced Nurse Practitioner had been employed to help improve access to appointments for emergency care.

Effective staffing

The practice had in place a staffing policy which covered areas of adequate staffing levels, cover for absences and for arranging temporary staff or locum GPs.

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw staff were up to date with attending mandatory courses such as annual basic life support and safeguarding.

GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff told us that annual appraisals had been undertaken however we did not see any evidence of documented appraisals in staff personnel files. We saw a range of training certificates which verified attendance at various training courses and updates as required. This included immunisation and cervical smear updates for the practice nurse.

All staff had access to a staff induction handbook. Staff had a good understanding of safeguarding and whistleblowing.

Working with colleagues and other services

The practice had coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register and palliative care register. The practice referred patients appropriately to secondary (hospital) care and other services. Test results

Are services effective?

(for example, treatment is effective)

and hospital consultation letters were received into the practice either electronically or by paper. We were informed that the new electronic patient record system would enable the practice to be more efficient in coding information from other sources, such as hospital discharges.

We were told multidisciplinary working was taking place with external health professionals but was generally informal and evidence of record keeping of meetings was limited. Staff said this included other health professional such as midwives, health visitors or members of the community health services. We were told the practice had regular palliative care meetings; however the last minutes reviewed were dated 26 September 2014.

Information sharing

We found referrals were made to secondary care (hospital) in a timely way. Patients we spoke with also confirmed that when the GP had made referrals to other health professionals, these were received within an appropriate time scale.

We found that staff had all the information the practice needed to deliver care and treatment to patients. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed by the GPs or advanced nurse practitioner. Via the new electronic records system, task allocation to GPs and nurses was being implemented to improve workflow and ensure patient information was reviewed in a timely manner.

Consent to care and treatment

We found some staff had little awareness of the Mental Capacity Act 2005 and there was no evidence to

demonstrate they had received appropriate training. Staff discussed access to on line training for a variety of subjects, including mental capacity, via an external GP training academy for the coming year.

There was a current consent policy in place. Clinical staff demonstrated an understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Before any minor surgical procedure was undertaken a written consent was obtained. This also confirmed the explanation given to patients about the planned procedure.

In the 2014 National GP patient survey 70% of respondents at the practice said the last GP they saw or spoke to was good at explaining tests and treatments and involving them in decisions about their care. This was below the national average of 81%. When we spoke with patients they told us that they were provided with enough information to make a choice and give an informed consent to treatment.

Health promotion and prevention

There was a limited range of information leaflets available in both surgery waiting rooms.

There was some information for patients in relation to health and wellbeing and also contacts for various health and social care services in the local community, such as Age UK and MacMillan cancer care. Information on how to access services out of hours was also displayed.

The practice offered a health check to all new patients registering with them. They offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients we spoke with and comments received on the CQC comment cards were extremely positive about the attitude of staff. We were told the GPs and nurses provided an excellent service. Patients said they were always treated in a respectful manner. Comments included patients being treated promptly, professionally and that patients felt listened to.

Reception staff were particularly mentioned as being friendly and providing brilliant customer care service. We saw at both surgeries patients were greeted in a friendly but professional manner. When answering telephones staff ensured that conversations were at an appropriate level to avoid being overheard.

Consultations took place in purpose built rooms to maintain privacy and dignity. We observed staff were discreet and respectful to patients. Patients we spoke with told us they were always treated with dignity and respect.

In the 2014 National GP patient survey 74% of respondents said the GPs were good or very good at treating them with care and concern, compared to 81% national average. Also 79% of respondents said the nurses were good or very good at treating them with care and concern, compared to 90% national average.

The practice offered patients a chaperone prior to any examination or procedure. Information about having a chaperone was seen displayed in the reception area and all treatment and consultation rooms.

Care planning and involvement in decisions about care and treatment

Patients we spoke with said they did feel involved in decisions about care and treatments provided. They told us they received appropriate explanations about diagnosis and treatments. Patients said staff listened to them and gave them time to think about decisions. However the results of the National GP patient survey published in January 2015 showed that only 70% of respondents said the GP or nurse they saw or spoke to was good at involving them in decisions. This was below the national average of 85%.

Patient/carer support to cope emotionally with care and treatment

Notices and information in the waiting rooms at both surgeries had information how to access support groups and organisations within the community.

Patients on the whole were positive about the care they received from the practice. Patients we spoke with told us they had enough time to discuss things fully with the GP and most patients felt listened to and felt both the GP and practice nurses were compassionate. They told us all the staff was caring. We did receive one negative comment on the CQC comment cards where a patient felt they were rushed during consultations with the GP.

We were told longer appointment times were available for patients with learning disabilities to ensure appropriate explanations about care and treatments were given.

The practice maintained a register of patients who were receiving palliative care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a number of enhanced services which included alcohol related risks, unplanned admissions, dementia assessments and services for patients with learning difficulties (LD). The practice had identified 77 patients who had multiple complex conditions which could increase the risk of unplanned hospital admissions or attendance at accident and emergency. Care plans were in place for these patients.

Staff confirmed patients who had learning difficulties were given longer appointments for routine visits and annual general health reviews. The practice held a register of vulnerable children and adults.

A dementia screening programme was in progress for older patients and those who presented with mental health issues as part of the enhanced services offered by the practice.

We were told care plans were in place for patients diagnosed with mental health problems. The practice liaised with the community mental health team to ensure appropriate care and treatment was provided.

The practice had an active Patient Reference Group (PRG). We spoke with two lead members of the group. We were told the practice was very responsive to the needs of the patients. They confirmed that health reviews for patients with long term conditions were undertaken and that any referrals into other health or social care service were made promptly.

We saw reception staff arranging appointments at a time and day convenient for the patient.

Tackling inequity and promoting equality

The practice provided services to patients from different ethnic and cultural backgrounds. Language Line, an interpreter service, was utilised at the practice.

Gorse Hill had a ramp access but no toilet facilities for those patients who used wheel chairs. We were told that home visits would always be offered to those patients.

An equality and diversity policy was available. However information to demonstrate clearly if staff had received training about equality and diversity issues was not available. We were told training had been identified for the future.

We were told the practice was taking the lead for a project to improve health inequalities within the Clinical Commissioning Group. This was aimed to address the needs of the practice population and secure improvements to services where these were identified. This work was still in the early stages.

Access to the service

The practice did offer extended opening times one evening per week at both surgeries until 7.30pm. We were told telephone consultations were also offered. From April 2015 we were informed that practice will offer extended hours at each location on two evenings.

Appointments and repeat prescription requests could be made via the practice website.

The website contained information about the services provided at both surgeries and appointment times; however there was some information not related to the practice and the section on self-help advice for minor illness was not complete.

We were informed that the two surgeries had separate telephone numbers but future plans were to have one single telephone access line.

We did not receive any negative information from the patients we spoke with about access to appointments. Respondents to the National GP survey indicated that 81% were happy with telephone access to the practice and 71% responded that they felt they had a good overall experience in making an appointment. Both these results were slightly below the CCG average of 83% and 80% respectively.

We were informed longer appointments were offered for those patients with complex needs, including long term conditions or patients with learning difficulties.

We were told home visits were carried out by the advanced nurse practitioner (ANP), with liaison with a GP if required. Daily emergency appointments were offered at a clinic managed by the ANP at Ayres Road Surgery. The clinic had been implemented as a response to improve access for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

We reviewed summaries of three recent complaints. We found that these had been investigated appropriately and responded to within the expected timeframes. We saw evidence complaints were routinely discussed at practice meetings so learning could be implemented.

Patients we spoke with said they were aware of whom to address any complaint about the practice to but they had not felt the need to make any complaints.

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

We were not provided with any written vision or strategy for the practice. Staff were not clear about plans for the future of the practice, although some spoke of the possibility of the practice moving to new premises in the future. We were told the business plan was on –going and was yet to be agreed. It was evident the staff had a commitment to provide a safe service for patients.

Governance arrangements

There was a policy for assessing and monitoring the quality of service provision. This included delegated duties to clinical and non-clinical staff for areas such as complaints management, significant events management, risk assessments and patient engagement.

Staff we spoke with generally knew the leads for clinical and non-clinical areas but said they would speak with either the GPs or lead receptionist to raise any queries.

The practice had policies and procedures in place to give staff guidance. Some policy guidance required review and others were undated. The electronic system had a shared hard drive for the location of policies or protocols, however staff told us the system was new in December 2014 and that they struggled to access these and other information stored electronically. We discussed this with the lead GP who indicated that additional training was to be arranged.

The practice had arrangements within the policy for assessing and monitoring the quality of service provision for identifying, recording and managing risks. However we saw only one risk assessment in place for general health and safety of the environment.

Leadership, openness and transparency

We were told the lead GP and the business management consultant had assumed the role for practice management, in the absence of a practice manager role.

Combined practice meetings were held each month. We were told this ensured that when staff rotated across the two surgeries, information was effectively communicated. Weekly practice meetings were held at each surgery to update staff and raise awareness for any on- going issues.

We reviewed two sets of minutes of practice meetings. Complaints were discussed along with a case study to discuss the care and treatment of a chosen condition. Significant events were also agenda items. Feedback from patients surveys were also discussed to ensure improvements were made in response to feedback received.

Staff said they felt the culture of the practice was open and that they felt able to make suggestions or raise issues when required.

Practice seeks and acts on feedback from its patients, the public and staff

There was an established Patient Reference Group. When we spoke with two members we were told they felt they represented the patient population well. Meetings were held in the evening to encourage attendance.

We were given examples of being listened to and improvements being implemented. Examples given were the introduction of a suggestion box, with regular reviewing of feedback, moving hand gel to front of practice so it is seen and used by more patients, and the PRG was involved in updating the practice information leaflet, with the option of sending to patients via email.

We were informed the practice kept the PRG informed of developments. The members felt the premises prevented some issues being resolved and both were aware of discussion for a possible move of premises in the future.

Staff said they felt able to make comments and raise any concerns. Staff we spoke with were aware of the term whistleblowing. Staff said they would have no hesitation about raising any concerns about staff with their line manager.

Management lead through learning and improvement

We did not see any evidence of documented appraisals in staff personnel files and it was unclear how staff were supported in their personal or professional development. However staff informed us that they had undergone appraisals in 2014 but we did not see any evidence.

There was no evidence of any supervision within the practice, although clinical staff explained they sought peer support from network meetings organised by the Clinical Commissioning Group.

Are services well-led?

Requires improvement 

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

We saw practice meetings were used to share learning from significant events and complaints.

The practice nurse and advanced nurse practitioner were registered with the Nursing and Midwifery Council, and as part of this annual registration were required to update and

maintain clinical skills and knowledge. We saw evidence of updated training and learning undertaken for the practice nurse. We did not see any training updates in the personnel file of the advanced nurse practitioner.

We were told by the lead GP he regularly attended local clinical meetings facilitated by the Clinical Commissioning Group (CCG), although we were not presented with any evidence of meeting minutes or actions relating to these.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicines were found to be out of date. There was no appropriate guidance in place to ensure the safe storage and management of medicines. Medication reviews were overdue. Emergency equipment was not readily available and no policy was seen in how emergencies were managed.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Staff files were poorly maintained. There was no evidence of the information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 to demonstrate staff were safely and effectively recruited and employed. We did not see a system in place to verify the registration of clinical staff with their professional bodies.

This section is primarily information for the provider

Enforcement actions

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.