Jaunty Springs Health Centre

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 Jaunty Springs Health Centre on 30 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Some risks to patients were assessed although there were shortfalls identified with regard to adequate recruitment checks and risk assessments relating to the premises. For example there were no records of a legionella risk assessment, fire drills and maintenance of fire alarm testing. There were shortfalls in the system to monitor and track blank prescriptions within the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, although there was limited overview of what training staff had received or when updates were due.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. However, there was limited evidence of learning from individual complaints seen.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, 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 through the national friends and family test, which it acted on. However, the practice did not have a website or an

Summary of findings

active patient participation group (PPG). There was limited opportunity for staff to feedback as there was a lack of regular full team meetings and appraisals had not been carried out for several years.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure recruitment complies with Regulation 19 schedule 3 requirements of the Health and Social Care Act for all staff.
- Implement a system to ensure annual registration with the professional bodies for clinical staff is maintained.
- Ensure the practice complies with the actions identified within the fire risk assessment.
- Ensure a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) is carried out to ensure water systems are safe and action taken in accord with the findings.
- Ensure all staff receive an appraisal and implement a policy to ensure that performance appraisal is a continuous process.
- Implement a system to oversee all the training staff have received and monitor when training updates are due.
- Ensure all appropriate policies are in place, reviewed, signed and dated to ensure they are current and up to date.

The areas where the provider should make improvement are:

- Maintain a complete record of the immunity status of clinical staff as specified in the national Green Book (immunisations against infectious disease) guidance for healthcare staff.
- Staff should follow the practice's Chaperone Policy with regard to the appropriate recording of the event in the patient record.
- Display the approved health and safety poster in a prominent position in the workplace or provide each worker with a copy of the approved leaflet that outlines British health and safety law as specified in the Health and Safety Information for Employees Regulations (HSIER) and consider implementing a health and safety policy for staff to follow.
- The practice should review its prescribing of broad spectrum antibiotics to ensure appropriate prescribing.
- Ensure the practice has a system in place to monitor and track the blank prescription boxes when they are received into the practice as specified in NHS Protect Security of Prescriptions 2013 guidance.
- Develop a system to use complaints and patient feedback as a learning tool and share this learning with staff.
- Review the frequency and attendance at full staff meetings to ensure all staff groups are kept updated.
- Consider reviewing and developing ways to engage with patients further. For example, by developing a patient reference group or developing a practice website.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events. Action was taken to improve safety in the practice.
- When things went wrong we were told patients would receive reasonable support, truthful information and a written apology. They would be told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, clinical staff recruited since the practice registered with CQC had not received a DBS check and there were no references on file for one new practice nurse. Fire safety checks including fire alarm maintenance checks and fire drills were not carried out as identified in the practice's fire risk assessment action plan and the practice had not completed a legionella risk assessment to ensure safe water systems.
- The practice did not have a health and safety policy in place and did not comply with HSE (Health and Safety Executive) guidance by displaying the HSE poster to advise staff who the health and safety representative was for the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly lower than local and national averages although there had been an improvement in 2015/16 data from previous years.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw evidence of five, one cycled clinical audits which demonstrated quality improvement. The practice had a plan to re-audit these in a year's time.
- Staff had the skills, knowledge and experience to deliver effective care and treatment although there was no system in place to monitor or oversee what training staff had received or when it was due.

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- Staff had not received an appraisal for several years. The assistant practice manager told us three staff had received an appraisal this year and there was a scheduled plan to complete the remaining staff before the end of the year. There was no plan or policy for this to be a continuous process. Employees should normally receive a formal appraisal annually.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than 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 saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there were urgent appointments available the same day. When the clinic was full, the receptionists we spoke with said they would either advise patients to attend the local walk in centre or they would discuss the urgency with the GP who would see the patient if appropriate.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised although there was limited evidence of complaints being used as a learning tool to improve services.

Are services well-led?

Requires improvement

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

Summary of findings

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- The practice had some policies and procedures in place to govern activity, although these were not signed or dated so it was not clear when they were implemented or last reviewed. We noted the practice were not following their own chaperone policy with regard to who recorded the event or infection control policy with regard to frequency of staff training.
- The practice held regular nurse meetings and staff felt supported by the GP for this role but there was little evidence of regular full team meetings and meetings for administration staff were irregular. Notes of discussions were taken and available on the intranet for staff. Staff had not received an appraisal for some years although these had recently commenced. Staff we spoke with said they felt part of a team and felt supported by the GP.
- There were shortfalls in the overarching governance framework which supported the delivery of the strategy and good quality care with regard to monitoring processes and identifying risk. For example, there were shortfalls in recruitment checks of clinical staff, there were gaps in the immunity status of clinical staff and there was no overview of staff training to monitor what training staff had received or when it was due. There was no oversight of registration with the clinical professional bodies for GPs and nurses to ensure registration did not lapse. There were shortfalls in the system to monitor and track blank prescriptions in the practice.
- There was a limited approach to obtaining the views of people who used services and other stakeholders. The practice did not have a website or an active patient participation group. However, the practice did participate in the national friends and family test and had reviewed the national patient survey results from 2015.
- There was minimal evidence of learning and reflective practice from complaints.
- The registered provider was aware of and complied with the requirements of the duty of candour. The GP partner encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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

Requires improvement

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided medical care and weekly routine GP visits to half of the patients who resided in a local care home. The other patients were looked after by a neighbouring practice.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 93% of women eligible for a cervical screening test had received one in the previous five years compared to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice held six weekly safeguarding meetings with health visitors and midwives at the practice.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice did not routinely review the physical health needs of patients with a learning disability. The practice had 27 patients on the learning disability register. The assistant practice manager told us most of these patients had other long term conditions and their physical health checks were completed at the sametime as their long term condition annual review.
- The practice offered longer routine GP appointments for patients with a learning disability or those who had dementia or a mental health condition.
- The practice regularly worked with other health care professionals in the case management of patients who may be vulnerable.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- Of those patients diagnosed with dementia, 74% had received a face to face review of their care in the last 12 months, which is lower than the national average of 84% with exception reporting of 14.3% which is 7.4% higher than the CCG average.
- Of those patients diagnosed with a mental health condition, 57% had a comprehensive care plan reviewed in the last 12 months, which is lower than the national average of 88%. However, the practice had not excepted any patients on this register and it had improved from 2014/15 data by 7%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing above local and national averages. There were 213 survey forms distributed and 114 forms returned. This represented 3% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 CQC comment cards which were all positive about the standard of care received. Patients told us 'staff were extremely helpful', 'staff are very caring and treat you kindly' and 'I have always been treated as an individual with attentive care and attention'.

We spoke with four patients during the inspection. All four patients said they were very satisfied with the care they received and thought staff were approachable, committed, helpful and caring and they were able to get an appointment when they needed one.

Jaunty Springs Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Jaunty Springs Health Centre

Jaunty Springs Health Centre is located in a purpose built health centre and accepts patients from the S12 district of Sheffield and the surrounding area. Public Health England data shows the practice population has a higher than average number of patients aged 50 years and older compared to the England average and the practice catchment area has been identified as one of the fifth least deprived areas nationally.

The practice provides Primary Medical Services (PMS) under a contract with NHS England for 3691 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as anticoagulation monitoring and childhood vaccination and immunisations.

Jaunty Springs Health Centre is registered as an organisation with CQC and has one male GP who works in partnership wth a pharmacy organisation. The practice employs three salaried GPs (two female, one male), one female nurse practitioner, one female practice nurse, one male pharmacist and a healthcare assistant, a practice manager, assistant practice manager and an experienced team of reception and administration staff.

The practice is open 8.30am to 6pm Monday to Friday with the exception of Thursdays when the practice closes at 1pm. The GP Collaborative provides cover when the practice is closed on a Thursday afternoon. Extended hours are offered Tuesday evenings 6.30pm to 8pm. Morning and afternoon appointments are offered daily Monday to Friday with the exception of Thursday afternoon when there are no afternoon appointments.

When the practice is closed between 6.30pm and 8am patients are directed to contact the NHS 111 service. The Sheffield GP Collaborative provides cover when the practice is closed between 8am and 6.30pm. For example, at lunchtime. Patients are informed of this when they telephone the practice number.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GP partner, pharmacist, practice nurse, three reception staff, secretary, health care assistant, practice manager and assistant practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 42 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records relating to the management of the practice.

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

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

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

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- There was a recording form available which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us they would complete the form and pass it to the assistant practice manager.
- The assistant practice manager told us that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records and incident reports where these were discussed. We saw evidence action was taken to improve safety in the practice and there was evidence some learning from significant events had been shared with staff.

Systems had been reviewed in response to significant events. For example, the practice had changed its procedure for booking GP appointments for diabetic patients with foot complaints to ensure they were seen the same day.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse although there were some shortfalls which required improvement:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with told us they had attended training and demonstrated they understood their responsibilities. However, there was limited documentation of what safeguarding training staff had undertaken and at what level. The practice safeguarding policy stated staff would be offered safeguarding children training appropriate to their role, in line with national expectations. Following the inspection the practice manager provided the commission with an update on safeguarding training undertaken. All staff had received training in the last three years. The GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All reception staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a chaperone policy in place. However, staff were not following it with regard to who was recording the event.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control policy in place. Not all staff had received annual training as specified in the infection control policy. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, handling, storing and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice employed a Pharmacist who assisted with medicines management within the practice. This included medication reviews of patients taking medication to help prevent blood clots.
- The practice also carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems

in place to monitor their use from the individual boxes. The practice did not have a system to monitor how many boxes were received into the practice. Staff were unaware of how many full boxes were in the practice at one time. The receptionist updated the monitoring book to include this information during the inspection.

- The Pharmacist had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions. The practice nurse had qualified as a community practitioner nurse prescriber and could prescribe dressings and certain medications. They told us they felt supported by medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found some recruitment checks had been undertaken prior to employment.
  For example, proof of identification and qualifications.

  However, two of the practice nurses who had been recruited following the practices registration with CQC had not received a DBS check for this employment. The practice had not followed its recruitment policy and recruitment reference requesting policy as there were no references on file for one practice nurse. The immunity status of one practice nurse was not known and there was no DBS on file for a locum GP. There was no system in place to monitor medical and nursing staff had renewed their annual registration with their professional bodies.

Monitoring risks to patients

Risks to patients were assessed although there were some shortfalls with regard to monitoring of risk assessments and there was a lack of risk assessment for some areas.

- The practice did not have a health and safety policy and did not display a health and safety poster to identify the local health and safety representatives. Employers have a legal duty under the Health and Safety Information for Employees Regulations (HSIER) to display the approved poster in a prominent position in each workplace or to provide each worker with a copy of the approved leaflet that outlines British health and safety law.
- The practice had a fire risk assessment in place which had been updated 14 June 2016. This stated the fire alarm system should be tested weekly and fire drills to be carried out every six months. There was no record fire drills had been carried out and fire alarm maintenance checks were irregular. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and IPC. The practice had not completed a risk assessment for legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had received annual basic life support training in October 2015. There was no update training planned although the assistant practice manager told us dates were currently being looked into.
- There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid grab bag and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96.2% of the total number of points available, with 10.8% exception reporting which is 1.5% above the CCG average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The total number of points achieved in 2015/16 had improved by 7.2% from 2014/15 data.

Data from 2015/16 showed:

- Performance for mental health related indicators was 12.1% below the CCG and 12.6% below the national averages. The practice had not excepted any patients from this register.
- Performance for diabetes related indicators was 2.2% below the CCG and 0.9% below the national averages. This was an improvement from 2014/15 data which showed the practice was performing 14.9% below CCG averages and 13.7% below the national average.

The practice had been identified as prescribing a high number of broad spectrum antibiotics in 2014/15 (broad spectrum antibiotics are generally used when standard antibiotics are ineffective). Recent quarter one 2016/17 locality prescribing data showed the practice continued to prescribe a high number of these antibiotics and was the second highest prescriber of these in the city. The practice did not give a reason for this.

There was evidence of quality improvement including clinical audit:

- There was limited evidence of completed two cycled clinical audits. However, we saw evidence of five, one cycled clinical audits. The practice had a plan in place to re-audit these in a year's time.
- The practice participated in local audits, national benchmarking, accreditation, research and peer review.

Information about patients' outcomes was used to make improvements. An audit of patients taking medication for an irregular heart beat had been carried out to ensure patients were receiving the appropriate medication and monitoring tests.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with longterm conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included clinical meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. There was no evidence of full team meetings and staff we spoke with told us meetings for administration staff were irregular. The assistant practice manager told us notes of discussions were taken and available on the intranet for staff.

Good

Are services effective?

(for example, treatment is effective)

- Not all staff had received an annual appraisal and some staff had not received one for several years. The assistant practice manager told us three staff had received an appraisal recently and there was a scheduled plan to complete other staff before the end of the year. We did not see evidence a system had been implemented for this to be a continuous process. The Advisory, Conciliation and Arbitration Service (ACAS) recommends employees should normally receive a formal appraisal at least annually.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. However, there was limited overview and monitoring of what training staff had received and when it was due.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 93%, which was above the national average of 81%,with exception reporting of 17% which was 2.8% above the CCG average and 10.5% above the national average. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 90% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the 42 patient CQC comment cards we received were positive about the care received with two comments made about difficulty accessing a routine appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 100% of patients 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%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpreter 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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as

Good

Are services caring?

carers (1.2% of the practice list). The assistant practice manager told us information posters for carer's would be displayed in the waiting room from time to time and patients would be referred to support services if required.

Staff told us that if families had experienced bereavement, their usual GP would contact them and offer advice on how to find a support service if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments to patients who could not attend during normal opening hours on a Tuesday evening until 8pm.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation through the duty doctor triage system.
- There were longer appointments available for patients with a learning disability or those that required it.
- There were disabled facilities and interpreter services available.
- The practice displayed posters in the patient toilets on sensitive issues. For example, support for domestic abuse.
- The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.

Access to the service

The practice was open with consultations available between 8.30am and 6pm Monday to Friday with the exception of Thursdays when the practice closed at 1pm. Extended hours appointments were offered 6.30pm to 8pm Tuesday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. When the clinic was full the receptionists would either speak to the GP or advise patients to go to the walk in clinic if their problem was urgent.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We observed the next routine GP appointment to be in two days' time.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The receptionists would put requests for home visits on the appointment screen for the duty doctor on call to assess. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw a complaints leaflet was available on the reception desk to help patients understand the complaints system.

We looked at two of the eight complaints received in the last 12 months and found these had been handled in a timely way with openness and transparency. However, there was limited evidence of learning from individual complaints seen. We noted it had been documented on one complaint that it would be reviewed as a significant event but this had not happened. The staff we spoke with could not recall any learning from 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

The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy which reflected the vision and values.

Governance arrangements

There were shortfalls in the overarching governance framework which supported the delivery of the strategy and good quality care. There was a lack of monitoring and oversight of safety processes and risk assessments.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Some practice specific policies were implemented and were available to all staff. However, some were missing, some were not signed or dated so it was not clear when they were last reviewed. Chaperone staff did not follow the chaperone policy and document the event in the patient record. Infection control training undertaken did not reflect the recommended frequency in the policy.
- An understanding of the performance of the practice was maintained.
- There was a programme of clinical and internal audit in place to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However, there were shortfalls with regard to recruitment checks, fire safety checks did not follow the fire risk assessment, there were irregular checks of the maintenance system and no record fire drills had taken place. A legionella risk assessment had not been completed and there were gaps in monitoring the complete immunity status of clinical staff.

Leadership and culture

On the day of inspection the principal GP told us the practice prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us the GP encouraged a culture of openness and honesty. If things went wrong with care and treatment:

- The practice would give affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place. However, there was limited evidence of staff appraisals and full team meetings to ensure staff were appropriately supported.

- Staff told us the practice held monthly nurse team meetings and six weekly clinical meetings.
- We saw evidence of some notes of meetings where non clinical staff had been in attendance. However, not all staff we spoke to could recall when the last meeting had occurred. There was no planned schedule of team meetings.
- Staff said they felt supported by the GPs and felt part of a team. Clinical staff said they felt supported by the GPs to do their role. As not all staff had received an appraisal for some time and did not attend regular full team meetings there was limited opportunity for non clinical staff to be involved in discussions about how to run and develop the practice or to identify opportunities to improve the service delivered by the practice.

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

The practice had gathered feedback from patients through the national friends and family test and had reviewed the national patient survey results from 2015. The practice had made changes as a result. For example, the lunchtime closing period was changed from two hours to one hour. The practice did not have a patient participation group (PPG). The assistant practice manager told us the practice had tried to encourage patients to join a group and we saw a poster in the corner of the waiting room advertising this to patients. The practice did not have a website. There was a patient leaflet available in reception.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice were participating in the local diabetic prevention programme to educate patients who were at risk of developing diabetes about healthy lifestyle choices. The practice was piloting a referral system locally to ensure patients were being directed to the appropriate speciality.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. • A legionella risk assessment had not been completed to assess and mitigate the risks of bacterium in the water system. • The practice were not following the actions documented in the fire risk assessment. Fire drills had not been completed and checks of fire maintenance systems were irregular. • Staff had not received annual infection control training as outlined in the practice's own infection control policy as a requirement. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, and improve the quality and safety of the services provided in the carrying out of the regulated activities. This was because:

This section is primarily information for the provider

Requirement notices

- There was no oversight or monitoring of staff training to manage what training staff had undertaken and when updates were due.
- The majority of staff had not received an appraisal for some years. The practice did not have a policy, plan or system in place to ensure there was a continuous appraisal process.
- Policies and procedures were not signed or dated to show if they were current or if they had been reviewed and not all policies were being followed. For example, the chaperone policy and the infection control policy.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** They had failed to identify the risks associated and the risks posed by not ensuring staff were appropriately qualified and recruited. This was because: • Two practice nurses who had been appointed following the practice's registration with CQC had not received a Disclosure and Barring Service check (DBS) for this employment. • There was no evidence a DBS had been obtained for one of the locum GPs. • There was no record references were obtained for a practice nurse who was recruited following the practice's registration with CQC. • There was no monitoring of clinical staffs' registration with the professional bodies to ensure this had not lapsed.

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Requirement notices

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.