

Gladstone Medical Centre - M Salahuddin

Quality Report

241-243 Old Chester Road
Birkenhead
Wirral
CH42 3TD
Tel: 0151 645 2306
Website: www.gladstonemed.co.uk

Date of inspection visit: 3 November 2016
Date of publication: 09/03/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Gladstone Medical Centre - M Salahuddin	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gladstone Medical Centre on 11 February 2016. The overall rating for the practice was inadequate with ratings of inadequate for providing safe, effective, caring and well led services and requires improvement for providing responsive services and the practice was placed in special measures for a period of six months. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Gladstone Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 3 November 2016. Overall the practice is now rated as good and rated as good for providing safe, effective, responsive and well led services but requires improvement in providing caring services.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice partners were now working together to support and maintain the changes made at the practice.
- Risks to patients were assessed and well managed.
- An improved recruitment process had been implemented since our last inspection and this had been followed when recruiting new staff.
- An improved safeguarding system and process had been implemented since our last inspection and this had resulted in effective monitoring of vulnerable children and adults.
- An improved medicines management system had been implemented since our last inspection and this had resulted in patients receiving effective safe care and treatment.
- Regular clinical meeting took place as part of the practice's improvement agenda to improve patient outcomes.

Summary of findings

- There were systems in place to ensure lessons were learnt from complaints and actions were clearly recorded and monitored.
- The practice had a system in place to ensure safety alerts and best practice guidance was disseminated across the practice team.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their treatment. Patients were positive about their interactions with staff.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were systems in place to ensure test results were followed up as a result of abnormal results.
- The practice had arrangements in place to deal with emergencies and major incidents.
- The national GP patient survey showed the practice performed worse than local and national averages for consultations with GPs and nurses. The last three national patient survey results showed a downward trend with regard to the practice's performance in relation to patients' experiences of consultations

with GPs and Nurses. However, this data was collected before our first visit in February 2016 and no further data was available at the time of our second inspection. The practice had begun to take steps to investigate the cause of the low satisfaction rates but this had yet to be fully completed.

The areas where the provider must make improvements are:

- Continue to review and address issues raised in the national patient survey to assure themselves that improvements that have already been made are sustained and have had a positive impact.

In addition the provider should:

- Regularly review recent improvements and consider how the practice can ensure the sustainability of these improvements.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

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 good for providing safe services.

- There were systems in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguard from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services. Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. This was identified at the last inspection and enforcement action had been taken to require the practice to make improvements. However, this data was collected before our first visit in February 2016 and no further data was available at the time of our second inspection. The practice had begun to take steps to investigate the cause of the low satisfaction rates.

Data from the national GP patient survey showed that:

Requires improvement



Summary of findings

- 66% of patients said the last time they saw or spoke to a GP that the GP was good or very good at treating them with care and concern (CCG average 89%, national average 85%).
- 75% of patients said the last GP they saw or spoke to was good at listening to them (CCG average of 92%, national average of 89%).
- 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.
- Results from the NHS Friend and Family test and practice surveys were positive.

Are services responsive to people's needs?

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 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of good quality care.
- This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing services for older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was involved in the CCG led avoidance of hospital admissions scheme for older people and those patients with long-term conditions.

Good



People with long term conditions

The practice is rated as good for providing services for people with long-term conditions.

- Nursing staff had lead roles in chronic disease 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.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people.

- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for providing services for working-age people (including those recently retired and students).

- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for providing services for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for providing services for people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP patient survey results collected in January and February 2016 and published in July 2016 (from 96 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing slightly higher in some areas and significantly lower in other areas compared to the local and national averages. For example:-

- 77% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 91% and the national average of 87%.
- 78% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average 86%).
- 66% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 90%, national average 85%).
- 84% said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (CCG average 93%, national average 91%).
- 70% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 85%, national average 79%).

- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 90%, national average 85%).
- 89% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.

However, this data was collected before our first visit in February 2016 and no further data was available at the time of our second inspection. The practice had begun to take steps to investigate the cause of the low satisfaction rates.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards of which 42 were positive and three raised issues with regard to the attitude of GPs.

We spoke with three patients during the inspection. They said they were very happy with the standard of care they received and thought staff were approachable, committed and caring.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for January to November 2016 from 85 responses showed that 76 patients were extremely likely to recommend the practice, 6 likely to recommend and one neither.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

Continue to review and address issues raised in the national patient survey to assure themselves that improvements that have already been made are sustained and have had a positive impact.

Action the service **SHOULD** take to improve

In addition the provider should:

- Regularly review recent improvements and consider how the practice can ensure the sustainability of these improvements.

Gladstone Medical Centre - M Salahuddin

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 second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

The practice is open between 8.30am to 8pm Monday to Thursday and 8.30am to 6pm Friday with appointments bookable in person, on line or by telephone. Home visits and telephone consultations are available for patients who require them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours patients are asked to contact the NHS 111 service to obtain healthcare advice and support.

Background to Gladstone Medical Centre - M Salahuddin

Gladstone Medical Practice is situated in Wirral and is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care.

The practice is based in an area of high deprivation when compared to other practices nationally. The male life expectancy for the area is 74 years compared with the CCG averages of 78 years and the national average of 79 years. The female life expectancy for the area is 79 years compared with the CCG averages of 82 years and the national average of 83 years.

The practice has a General Medical Services (GMS) contract with a registered list of 4500 (at the time of inspection). The practice has four GP partners two male and two females, two practice nurses and a healthcare assistant. The practice also has a practice manager and a number of administration and reception staff. The practice is a teaching practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Gladstone Medical Centre on 11 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, caring and well led services and was placed into special measures for a period of six months.

We also issued warning notices to the provider in respect of good governance and safe care and treatment and informed them that they must become compliant with the law by 10 July 2016. We undertook a further announced comprehensive inspection of Gladstone Medical Centre on 3 November 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

Detailed findings

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 3 November 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed records, policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

We also looked at how well services 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 with dementia).

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

Are services safe?

Our findings

Safe track record and learning

At our inspection in February 2016 we found that there were concerns relating to the safety of the service. There was a lack of systems and processes in place to mitigate risks relating to the health, safety and welfare of patients. This included a lack of a systems and processes to identify and manage significant incidents and ensure there was learning from these events. At this follow up inspection we found improvements had been made.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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).
- We saw evidence 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 detailed analysis of significant events. We reviewed a sample of safety records and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We reviewed an incident report regarding an error with a change in medication. This was identified by staff through their internal systems and appropriate actions were taken in response to the error.

Overview of safety systems and processes

At the previous inspection we had concerns that the practice did not have appropriate systems to manage and review risks to vulnerable children, young people and adults. There was also a lack of systems in place for the safe management of medicines, infection control and the recruitment of staff.

At this inspection we found that:

- Arrangements were in place to safeguard children and vulnerable 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nursing staff had level 2 training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The registered manager was the infection control clinical lead and the practice nurse was the deputy. We discussed with the practice the need to review who the most appropriate person was to be the lead and to ensure that person was supported to maintain links with the local infection prevention teams to keep up to date with best practice. The practice agreed to review their current system. There was an infection control protocol in place and staff had received up to date training. 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, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of a pharmacist employed by the practice and 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.
- We reviewed six personnel files and found overall appropriate recruitment checks had been undertaken

Are services safe?

prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We asked the practice to provide evidence that all appropriate checks had been undertaken with regard to locum GPs. Following the inspection the practice provided evidence that showed all checks had been carried out prior to the inspection and that health assessments would now be carried out as part of the recruitment process.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have an up to date fire risk assessment. Not all staff had received fire safety training and there was no record that emergency lighting had been checked. Following the inspection the practice provided evidence that showed that a fire risk assessment had been carried out, fire safety training had been provided to all staff and that the emergency lighting was now being checked. There was evidence that the practice carried out regular fire drills, we discussed with the practice the need to record detailed information with regard to the fire drill including staff involved and the duration of the drill.
- 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 a number of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which

can contaminate water systems in buildings). The practice had not carried out an asbestos risk assessment to determine if asbestos was present in the building. Following the inspection the practice confirmed a specialist firm had carried out the risk assessment and had confirmed there was no asbestos present in the building.

- 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our inspection in February 2016 we found that there were concerns relating to the effectiveness of the service. There was a lack of systems and processes in place to effectively monitor that

National Institute for Health and Care Excellence (NICE) best practice guidelines were being followed and acted upon to deliver effective and safe care and treatment to patients. At this follow up inspection we found improvements had been made.

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. We saw evidence that clinical staff accessed best practice guidance and used it as part of their practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example medicines audits.

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 were 96% of the total number of points available and the exception reporting was 7% which was lower than the CCG average of 10% (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better than the national average. For example: The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 12 months was 95% which was similar to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 94% which was higher than the national average of 92%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% which was significantly higher than the national average of 84%.

At the previous inspection we had concerns that the practice did not have a system in place to ensure information gathered through audits was disseminated to all clinicians and the wider practice team when appropriate to improve patient outcomes.

At this inspection we found that the practice carried out a variety of audits that demonstrated quality improvement. For example, patients with atrial fibrillation to determine they were on the most effective and appropriate treatment, medication audits and minor surgery audits.

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, infection prevention and control, fire safety, health and 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 long-term conditions. Training included diabetes update training and chronic obstructive pulmonary disease training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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 and CCG led training sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and 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 monthly 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 receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their smoking and alcohol cessation. Patients were signposted to the relevant service.
- A counsellor was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 91% to 100% and five year olds from 87% 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.

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 room to discuss their needs.

Forty two of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Three patients commented on the attitude of the GPs with particular regard to feeling listened to and cared for. The majority of patients we heard from said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We spoke with three members of the patient participation group. They also told us they were very satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that reception staff responded compassionately when they needed help and provided support when required.

At the previous inspection we had concerns that the practice had not taken action to address concerns identified by patients in the national GP patient survey (data published in January 2016). As a result of these concerns enforcement action had been taken to require improvements. Results from the national GP patient survey collected in January and February 2016 and published in July 2016 (from 96 responses which is approximately equivalent to 2% of the patient list) showed that some practice scores continued to be below average for its satisfaction scores on consultations with GPs and nurse.

Data published in July 2016 showed:

- 75% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 92%, national average of 89%.
- 78% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 90%, national average 86%).
- 66% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 89%, national average 85%).
- 84% said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (CCG average 93%, national average 91%).
- 88% of patients said they had confidence or trust in the last GP they saw or spoke (CCG average 97% national average 95%).

However,

- 94% said they found the receptionists at the practice helpful (CCG average 93%, national average 87%).

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for January to November 2016 from 85 responses showed that 76 patients were extremely likely to recommend the practice, 6 likely to recommend and one neither.

Care planning and involvement in decisions about care and treatment

The majority of 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. However results from the national GP patient survey showed that the practice scores were comparable or below average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 66% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average of 88%, national average of 85%).

Are services caring?

- 78% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average of 90% and the national average of 86%).

However, this data was collected before our first visit in February 2016 and no further data was available at the time of our second inspection.

We discussed with the practice the need to review and take action with regard to the national patient survey results as part of their quality assurance systems to promote service improvement and better outcomes for patients. The practice had begun to take steps to investigate the cause of the low satisfaction rates. The practice was planning a patient experience survey for after our visit and submitted the results post inspection. Results from November and December 2016 from 102 responses showed that there were no negative responses in terms of patients being listened to or involved in decision making. The practice also carried out annual surveys. Patient feedback discussions were now a fixed agenda item at staff meetings and we were told the practice discussed patient feedback with the PPG. The practice was looking at ways to encourage patients to complete the national GP patient survey if they received one.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers (1% of the practice list). The practice placed an alert on patient records to raise GPs awareness. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. For example, the practice was working to improve their engagement with patients with a learning disability to ensure this group of patients received equitable and effective care and treatment.

- The practice offered a 'Commuter's Clinic' on a Monday to Thursday evenings until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- There were disabled facilities available including level access.

Access to the service

The practice was open between 8.30pm and 8pm Monday to Thursday and 8.30am to 6pm Friday. Appointments were from 9am to 11.30am every morning and 4pm to 8pm Monday to Thursday and until 6pm Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 73%.

- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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. 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 that information was available to help patients understand the complaints system that included posters displayed in waiting area and complaints summary leaflets that were available by the reception area.

At the previous inspection we had concerns that the practice had managed complaints appropriately and there was no evidence of learning from complaints being effectively shared with the practice team. There was limited evidence of actions taken to ensure similar incidents did not happen again. We looked at four complaints received in the last 12 months and found they were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends. There was evidence that action was taken as a result to improve the quality of care. For example, the system in place to maintain patient confidentiality was reviewed and all staff were reminded of their responsibility to safeguard patient information.

Are services well-led?

Good 

(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 quality care and promote good outcomes for patients. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At our inspection in February 2016 we found that there were concerns relating to the lack of a governance framework to support the safe delivery of good quality care.

At this inspection we found:

- The GP partners were working together and had delegated roles to improve service for patients, for example safeguarding.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However during the inspection a number of risk management issues were identified such as a lack of fire and asbestos risk assessment. Following the inspection the practice provided evidence to show that action had been taken to address these issues.

Leadership and culture

Staff told us the partners and newly appointed practice manager worked together to improve the service and were approachable and always took the time to listen to all members of staff.

At the last inspection the practice was unable to demonstrate they complied with the requirements of the Duty of Candour. At this inspection we found 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave 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 and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients and staff. It proactively sought patients' feedback through their own patient surveys and engaged patients in the delivery of the service. However the practice had not acted on patient feedback identified in the national GP patient survey.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and in partnership with the practice were involved in setting questions for the patient surveys and submitted proposals for improvements to the practice management team. For example, the use of TV screens to provide patients with information about the practice and health information.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice had recognised problems from the national GP patient survey and had planned future surveys

aligned to the questions within the national GP patient survey. It was too early to assess any outcomes but the practice had demonstrated leadership in trying to improve patient satisfaction with the service.