

# Eastlands Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good



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?

Good



# 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 Eastlands Medical Practice on 19 June 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It required improvement for providing safe services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- 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.
- Patients' feedback about the availability of urgent appointments was mixed, but we saw that on the day appointments were often available.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- The provider must ensure recruitment procedures are in place and followed so that appropriate checks are carried out prior to the employment of staff.

In addition the provider should:

# Summary of findings

- The provider should put systems in place so the temperature of the fridge is checked on a daily basis.
- The provider should arrange for all staff to receive updates in mandatory training.
- The provider should review policies and amend them if information is out of date.
- The provider should formalise the process of receiving and disseminating updates, such as from the National Institute of Health and Care Excellence.
- The provider should improve their arrangements for completing clinical audit cycles so re-audits are carried out in a timely manner.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were thorough enough and lessons learned were communicated to all relevant staff. Mandatory training had been carried out but not all of this was up to date. A recruitment process for new staff was followed but not all relevant information, such as evidence of identity or a full employment history, was available. The practice had started to request Disclosure and Barring Service (DBS) checks for staff but these were not held for all staff, including clinicians.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles although some needed to be updated. Although formal appraisals were not up to date staff had regular informal one to one meetings with their manager and said they felt well-supported at work.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Some patients told us it was difficult to access same day appointments but others told us they were always given a same day appointment in an

Good



# Summary of findings

emergency. Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised. Learning from complaints was shared with staff and appropriate others.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# 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 the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and same day appointments where required.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and the practice nurse had lead roles in chronic disease. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Specialist clinics were held at the practice. For those people 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 the care of 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. Immunisation rates were in line with the national average all standard childhood immunisations. 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 good examples of joint working with midwives, health visitors and school nurses.

Good



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

The practice is rated as good for the care of 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

Good



# Summary of findings

care. Early morning appointments were available twice a week and GPs also held lunchtime surgeries twice a week. Telephone consultations were available and appointments could be made on-line. There was electronic prescribing available.

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It carried out annual health checks for people with a learning disability and longer appointments were available. Home visits were available to those who found attending the practice difficult.

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

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health had received an annual physical health check, and other opportunistic checks were carried out at this time. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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.

**Good**



# Summary of findings

## What people who use the service say

We received 21 completed CQC comment cards and spoke with 15 patients, including three members of the patient participation group (PPG) on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Patients we spoke with and who completed CQC comment cards commented positively about the care and treatment they received from the doctors and nurses and the support provided by other members of the practice team. They said that their privacy and dignity was maintained and that they were treated with respect. We received mixed views about the availability of appointments with some patients telling us they always received an on the day appointment in an emergency and others saying they were never available.

We looked at the results of the most recent GP patient survey. The survey results included:

What this practice does best:

77% of respondents said they usually waited 15 minutes or less after their appointment time to be seen (clinical commissioning group (CCG) average 57%).

91% of respondents found it easy to get through to the practice on the telephone (CCG average 73%).

94% found the receptionists helpful (CCG average 86%).

What this practice could improve:

47% of respondents with a preferred GP usually got to see or speak with that GP (CCG average 58%).

87% of respondents said the last nurse they saw was good at listening to them (CCG average 91%).

69% of respondents said they would recommend the practice to someone new to the area (CCG average 72%).

## Areas for improvement

### Action the service **MUST** take to improve

- The provider must ensure recruitment procedures are in place and followed so that appropriate checks are carried out prior to the employment of staff.

### Action the service **SHOULD** take to improve

- The provider should put systems in place so the temperature of the fridge is checked on a daily basis.
- The provider should arrange for all staff to receive updates in mandatory training.

- The provider should review policies and amend if information is out of date.
- The provider should formalise the process of receiving and disseminating updates, such as from the National Institute of Health and Care Excellence.
- The provider should improve their arrangements for completing clinical audit cycles so re-audits are carried out in a timely manner.



# Eastlands Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is someone who uses health and social care services.

## Background to Eastlands Medical Practice

Eastlands Medical Practice serves a residential area in the Clayton area of Manchester. At the time of the inspection 5351 patients were registered with the practice.

The practice population experiences much higher levels of income deprivation than the practice average across England.

At the time of our inspection there were two partner GPs and one salaried GP at the practice. The GPs were supported in providing clinical services by a practice nurse and a healthcare assistant. There was also a practice manager and administrative and reception staff. The partnership had changed since the practice registered with the Care Quality Commission. They were in the process of changing their registration.

The opening times of the practice are Monday and Tuesday 7am until 6pm, Wednesday 8am until 12.30pm, and Thursday and Friday 8am until 6pm.

The practice contracts with NHS England to provide General Medical Services (GMS) to the patients registered with the practice.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours service. The practice website provides patients with details of how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

# Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 June 2015. During our visit we spoke with a range of staff including two GPs, a practice nurse, healthcare assistant, practice manager and two reception staff. We spoke with 15 patients and reviewed 21 CQC comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. There were clear lines of leadership and accountability in respect of how significant incidents, including mistakes were investigated and managed. Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations such as NHS England and North Manchester Clinical Commissioning Group (CCG) to share what they knew. No concerns were raised about the safe track record of the practice.

Discussions with senior staff at the practice and written records of significant events confirmed that they were escalated to the appropriate external authorities such as NHS England or the CCG. A range of information sources were used to identify potential safety issues and incidents. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others.

The staff we spoke with confirmed that forms to report incidents were available on the practice's computers. They all had access to these and were encouraged to complete them when required.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the previous year and we were able to review these. We saw that significant events were discussed during regular practice meetings. There was evidence that the practice had learned from these with changes in practice being introduced appropriately. The findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. The required forms were available to all staff on their computers.

National patient safety alerts were received by a GP who disseminated them to staff via the practice manager. Although evidence of this was not kept all the staff we

interviewed confirmed the process. All relevant staff were informed of safety alerts and subsequent discussions with other teams, such as the medicines management team, were documented.

The practice held meetings to review significant events to ensure they had reached a conclusion and discussed solutions as a team.

### Reliable safety systems and processes including safeguarding

The practice had a safeguarding children and vulnerable adults policy in place dated 2012. The practice manager told us that although this was in use they were in the process of updating it to make sure all information was current. One of the GPs was the safeguarding lead.

We saw that the majority of staff had been trained in safeguarding children and vulnerable adults. Clinicians had been trained to the appropriate higher level. Most reception staff had been trained in 2012 but the practice manager told us they were now able to access updated training on-line and staff would be completing this during the month following our inspection. The staff we spoke with knew how to report concerns and who to contact for guidance if required. There were notices and flowcharts in consultation rooms to give guidance to staff if they needed to make a safeguarding referral.

The practice had a chaperone policy and this provided staff with full information about when a chaperone should be considered. Chaperone training had been provided for staff and the staff we spoke with were aware of the procedure they should follow when chaperoning. A Disclosure and Barring Service (DBS) check had not been completed for all staff who carried out chaperone duties.

### Medicines management

The practice had two fridges for the storage of vaccines and other medicines. A record was kept of fridge temperatures to ensure medicines were kept at a safe temperature. We saw that these had been completed on most days but there were days missing on both records where the temperature had not been checked. All the medicines we checked in the fridges were within their expiry date. Following a significant event in July 2014 a new system for

## Are services safe?

checking medicines had been put in place. The healthcare assistant carried out weekly checks and the practice manager also carried out checks every month to ensure the event did not reoccur.

Appropriate emergency medicines were available and we saw evidence that the GPs regularly checked their stock to ensure they were within their expiry dates. They were all stored securely. However, we saw that a tube of lubricating gel in the healthcare assistant's room had expired in January 2015. This was pointed out to the practice manager who removed it.

Prescription pads were stored securely and kept locked in a safe when not in use.

The practice carried out regular medicine reviews with patients, using their month of birth as their review date. The computer system alerted the practice when a review was due. We saw that some patients had medicine reviews every six months and alerts were also set up to arrange these.

### Cleanliness and infection control

We observed the premises to be clean and tidy. The cleaning contract was arranged by NHS Property Services who managed the building on behalf of all the occupants. There were cleaning schedules in place and we saw a team of cleaners attended the building early each morning. A spillage kit was available for use during the day and staff had been trained in its use.

The practice nurse took the lead for infection control. They received training approximately two years ago and they gave a presentation to staff about the prevention and control of infection. No record had been kept of this. The practice manager had planned a training session for staff during August 2015.

The practice had an infection control policy that had been reviewed in June 2015. This stated that staff would receive infection control training during their induction, and this would be repeated each year.

We saw evidence that a cleaning audit had been carried out during April 2015 and an infection control audit in May 2015. Both of these audits produced high scores (over 90%) and all actions required had been taken.

All clinical rooms had hand wash basins with elbow taps. Hand wash, hand gel and paper towels were next to each

basin. There was a supply of disposable gloves. We saw that sharps bins were attached to the wall. There were disposable privacy curtains around examination couches and these had been changed in February 2015.

A Legionella risk assessment was held in the building. Legionella is a germ found in the environment which can contaminate water systems in buildings. We saw there was a low risk of Legionella and quarterly water samples were taken by a company contracted by NHS Property Services.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this for both surgeries. All portable electrical equipment was routinely tested. We saw evidence of calibration of relevant equipment, for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

The practice nurse had a stock of demonstration inhalers for use when showing patients how to correctly use an inhaler. They told us they used these themselves only and patients never used them. However we saw that three had passed their expiry date, with dates being February 2009, July 2011 and October 2012. The practice manager told us these would be removed.

### Staffing and recruitment

We saw the recruitment policy and protocol dated June 2015. This documented comprehensive information about recruiting new staff, including the need for checking professional registration, identity, references and the reasons applicants left previous jobs. It did not specifically state that a full employment history was required. The policy stated that Disclosure and Barring Service (DBS) checks were required for staff.

We looked at a selection of personnel files. We saw that in most cases references had been requested prior to a staff member starting work. However, personnel files did not all include evidence of identity or a full employment history. Although some DBS checks had been carried out for some staff they had not been carried out for all clinicians,

## Are services safe?

including the practice nurse and healthcare assistant. The practice manager explained that this was an area of work they were currently concentrating on and we saw evidence that DBS checks had been requested for all staff.

When locum GPs were required the practice often booked regular locums that were known to the practice. The locum agency they used supplied all the relevant information such as identity, evidence of registration with the General Medical Council (GMC), an employment history and a DBS check.

During 2014 the practice had less clinical staff than usual available. The practice manager liaised with other practices located in the same building and they were able to provide locum GP cover for this time. The practice manager monitored staffing daily and as their permanent staff had returned to work they could plan ahead and ensure there were always enough staff, clinical and administrative, to provide the service required.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building and environment, carried out by other staff within the building. The practice manager had an informal walk around of the practice each morning and reported any issues to the appropriate person. No record was kept of this. Health and safety information for the building was kept by community staff and all practice staff knew where this could be accessed.

A fire risk assessment had been carried out for the building. We saw evidence that weekly checks were carried out on the fire alarm and these were up to date. Other safety checks, such as for fire extinguishers and emergency exits, were also up to date. Fire training had been provided for staff in 2013 and the practice manager told us updated fire training would be arranged.

### Arrangements to deal with emergencies and major incidents

There was an alarm system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support during 2013 and updated training had been booked for July 2015. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly by other staff located in the premises.

Emergency medicines were available and these were kept securely. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

There was a business continuity plan in place and where risks had been identified information was given about how to manage these risks.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Once patients were registered with the practice they were invited to attend an appointment with the nurse. Although they were encouraged to do this the new patient check was not mandatory. The practice nurse told us that although patients occasionally booked a new patient check they rarely attended the appointment.

When patients reached the age of 75 they were allocated a named GP. Although some health checks for patients over the age of 75 had been completed they were not up to date due to the long term absence of a GP who had now returned to work. Although NHS health checks for patients over the age of 40 were not currently carried out there were plans to introduce these when a new nurse had been recruited.

The practice had a system of registers for patients who had greater needs for example a learning disabilities register. This helped the practice identify patients who required specific appointments such as annual health checks or medication reviews. We saw the process that was in place for monitoring all patients with long term conditions. There was a process in place to ensure patients had attended for a review of their condition at the appropriate time. One of the GPs was undertaking a diploma for patients with long term conditions.

Where a patient had mental health needs they were invited for a review of their condition every year as a minimum. GPs told us they carried out medicine reviews at the same time and also carried out opportunistic checks and offered flu vaccinations if appropriate so they did not have to attend more often than was needed.

One of the GPs was responsible for receiving updates from the National Institute for Health and Care Excellence (NICE). They told us they disseminated updated guidance verbally to relevant staff. Staff confirmed this occurred but no evidence was kept.

Read coding at the practice was used effectively. Read coding records the everyday care of a patient, including family history, relevant tests and investigations, past symptoms and diagnoses. They improve patient care by ensuring clinicians base their judgements on the best possible information available at a given time. We saw that

clinicians completed patients' records so they could be easily followed by any appropriate person. Consultations, test results and letters were all stored on the computer system to ensure clinicians had all information available to them.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The practice held meetings to regularly discuss practice performance and improvements in QOF and to ensure targets were met. They met with the clinical commissioning group (CCG) monthly and also had monthly multi-disciplinary team meetings.

Clinical staff met weekly to discuss the management of individual cases and also met on an informal basis throughout the day. The practice also met with the local Clinical Commissioning Group (CCG) to discuss performance. A full practice meeting was also held once a week to update all staff on any issues relevant to their role.

GPs carried out clinical audits. Examples of audits included looking at patients taking a medicine to reduce the risks of blood clots forming, and an audit to ensure patients with asthma or chronic obstructive pulmonary disease had the correct diagnosis, treatment and education. We saw evidence that some audits were being repeated so that improvements could be monitored. We also saw that individual GPs carried out audits as part of their appraisal evidence.

Two of the patients we spoke with told us that following them being discharged from hospital a GP visited them the same day to ensure they had everything they required. They felt this was particularly helpful.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. All GPs were up to date with their yearly continuing professional development requirements



# Are services effective?

## (for example, treatment is effective)

and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council). One of the GPs took the lead for most clinical roles, although other GPs also had areas of responsibility. A practice nurse was the lead for diabetes.

The practice manager kept a record of the training completed for each staff member. Although most staff had received mandatory training when they started work, updated training had not been carried out recently. The practice manager told us this was due to staff shortages within the practice for several months. Staff had now returned to work and we saw evidence that updated training was being arranged. We saw meeting minutes where this had been discussed and saw that some training had been booked in, with other courses in the process of being arranged. The practice manager told us that some training would be via e-learning. If staff chose to undertake the training at home they would be compensated for the time spent.

There was a system in place so that staff had an annual appraisal with their line manager. However, these had not taken place during 2014 due to staff shortages. Appraisals had usually been carried out every year up to 2013. We saw evidence that the majority of staff had an appraisal booked in with their manager during the month following our inspection. The staff we spoke with told us they felt very well supported at work and were able to approach their manager or a GP if they had any issues. Some told us that although formal appraisal had not been carried out they had regular informal one to one sessions with the practice manager.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries and the out of hours GP services. The GPs told us they reviewed the results, took any appropriate action and ensured their patient records were up to date.

We saw that GPs and nurses attended regular meetings within the CCG. They also worked with other agencies such

as the out of hours service and social services when required. GPs told us the out of hours service faxed information to them very quickly when a patient had attended. If a patient was receiving palliative care the practice notified the out of hours service to ensure they had all the information that could be required about the patient. Where appropriate, do not attempt cardio-pulmonary resuscitation (DNACPR) forms were also sent to the out of hours service and ambulance service to ensure patients approaching the end of their life received the care and treatment previously arranged with the GP.

Health visitors and district nurses had previously been based in the same building as the practice. They now worked elsewhere but the practice manager explained they had a very good working relationship with them still. District nurses attended monthly Gold Standard Framework (GSF) meetings and if there were any issues with particular patients they would attend the practice daily if it was helpful. Community matrons and Macmillan nurses also attended the GSF meetings. Health visitors attended the practice building regularly to carry out child health checks. The school nurses were based in the same building as the practice, and social workers attended monthly meetings at the practice.

The patients we spoke with, or received written comments from, said that if they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice. They told us referrals were made in a timely manner.

### Information sharing

The practice used several systems to communicate with other services. When patients were discharged from hospital the practice received a discharge letter electronically. When patients had attended the A&E department or the out of hours service, electronic notifications were received by the practice. A fax was sent to the practice by the walk in centre to inform GPs when a patient had attended. GPs reviewed the information and took action as required. If a patient was receiving palliative care GPs at the practice sent a handover fax to the out-of-hours provider to ensure they had the latest information about the patient. Electronic systems were also in place for making referrals.

# Are services effective?

## (for example, treatment is effective)

All the electronic information needed to plan and deliver care and treatment was stored securely but was accessible to the relevant staff. This included care and risk assessments, care plans, case notes and test results. The system enabled staff to access up to date information quickly and enabled them to communicate this information when making an urgent referral to relevant services outside the practice.

### Consent to care and treatment

Patients we spoke with told us that they were communicated with appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and give informed consent to treatment. The most recent GP patient survey reflected that 82% of respondents said that the last GP they saw or spoke with at the practice was good at involving them in decisions about their care. 90% said the last GP they saw or spoke to was good at explaining tests and treatments and 94% say the last nurse they saw or spoke to was good at explaining tests and treatments. These figures were all above the CCG average.

Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Patients were supported to make decisions and, where a person did not have the capacity to consent to care or treatment their mental capacity was assessed and recorded. Where people lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation. The Mental Capacity Act states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Clinical staff we spoke with clearly understood the importance of obtaining consent from patients and of supporting those who did not have the mental capacity to

make a decision in relation to their care and treatment. Specific training in the Mental Capacity Act 2005 had not been provided but the main points had been covered during other training for various roles within the practice.

Most staff spoken with demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). All knew where to go for advice if they were unsure of how to treat a young person in an age appropriate way.

### Health promotion and prevention

New patients were offered appointments to check their medical history and current health status. However, we saw that very few patients chose to make or attend these appointments. Clinical staff told us that new patients had often lived in the area for a while and only registered when an urgent medical need arose. They were therefore assessed by the first GP they had an appointment with.

A range of health promotion information was provided to patients particularly in the patient waiting areas of the practice. This was supplemented by advice and support from the clinical team at the practice during appointments. Health promotion services provided by the practice included smoking cessation, weight management, travel health and mental health services.

The provision of health promotion advice was an integral part of each consultation between clinician and patient. Patients were also enabled to access appropriate health assessments and checks. A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. This included sending appointments for patients to attend reviews on a regular basis. When patients did not attend this was followed up by the practice staff to determine the reason, discuss any anxieties the patient may have and provide a flexible alternative appointment.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We received 21 completed CQC comment cards and spoke with 15 patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Comments we received from patients were mostly positive about the way staff treated people. Patients told us that the practice staff communicated with them well. They also told us that staff at the practice treated them with respect, in a polite manner and as an individual. The most recent GP patient survey reflected that 98% of respondents had confidence and trust in the last GP they saw or spoke to. 94% of respondents had confidence and trust in the last nurse they saw or spoke to. 86% of respondents said the last GP they saw or spoke to was good at treating them with care and concern. 89% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern. These figures were above or around the CCG average.

During our visit we observed staff to be respectful, pleasant and helpful with patients and each other during our inspection visit. Although the reception desk did not afford patients much privacy there was an electronic check-in facility for patients to use. We witnessed reception staff politely asking patients who were stood close to the desk if they could stand back to give patients being spoken with more privacy.

Patients said their privacy and dignity was always respected and maintained particularly during physical or intimate examinations. All patient appointments were conducted in the privacy of individual consultation rooms. Examination couches were provided with privacy curtains for use during physical and intimate examination and a chaperone service was provided.

### Care planning and involvement in decisions about care and treatment

Comments we received from patients reflected that practice staff listened to them and concerns about their health were taken seriously and acted upon. They also told us they were treated as individuals and provided with information in a way they could understand and this helped them make informed decisions and choices about their care and treatment. A wide range of information about various medical conditions was accessible to patients from the practice clinicians and was prominently displayed in the waiting areas.

Where patients and those close to them needed additional support to help them understand or be involved in their care and treatment the practice had taken action to address this. For example language interpreters were readily accessible and extended appointment times were provided to ensure this was effective.

### Patient/carer support to cope emotionally with care and treatment

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact a patient's care and treatment may have on them and those close to them. The practice had taken proactive action to identify, involve and support patient's carers.

Counselling services were available within the CCG area. This included bereavement counselling. GPs could refer patients to the service and they were also able to self-refer. If a member of the administrative team thought a patient may need additional support, for example they noticed a patient also had caring responsibilities, they would let a GP know. The patients we spoke with told us they had not required emotional support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

GPs took the lead in different clinical areas. The practice nurse took the lead for diabetes. There was a system in place to ensure patients with long term conditions had regular appointments to review and monitor their condition. Medicine reviews were arranged at appropriate intervals for patients who required regular medicines. When patients were discharged from hospital a GP tried to visit them the same day to ensure they had everything they required.

The practice kept registers for patients with specific conditions. These included patients with a learning disability, mental health needs, cancer and those receiving palliative care. Patients with a learning disability had an annual review of their needs. Patients with mental health needs also had an annual review with a GP, and the GP attended to their other health needs at this time if required.

The practice had a reception area, patient waiting areas and consultation and treatment rooms. We saw that the waiting areas were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. A private room was made available to enable patients to discuss confidential issues with staff if required. There were also facilities to support the administrative needs of the practice.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. There were a large number of patients who did not speak English as their first language and translation services were available for these patients. Face to face interpreters were usually booked when 72 hours notice could be given. If an appointment was more urgent a telephone translation service was used. Staff explained that it was not usual for them to allow family member to translate during a consultation.

The practice provided equality and diversity training through e-learning. Staff had completed this during the month of our inspection.

The practice was located in a purpose built health centre. Parking was available at the back of the building. Although there was ramped access to the building access was not close to the car park. The practice had applied for funding to make access easier for people with mobility difficulties. All consulting rooms were in the ground floor and patients' toilets were also available on this floor. There were baby changing facilities.

The practice manager told us there were currently no patients who were homeless. People without an address were able to register at the practice. Although some travellers were registered these had lived in the area for several years. The practice was able to register travellers on a temporary basis if required.

### Access to the service

We spoke with 15 patients during our inspection. Their comments about access to the service varied. Patients told us it was easy to book routine appointments. While some patients told us they could always access a same day appointment in an emergency, two told us they could never access an appointment on the day they requested one. We reviewed 21 CQC comments cards and of these three mentioned that accessing appointments could be difficult.

The results of the latest national GP patient survey showed that 91% of patients found it easy to get through to the practice on the telephone (CCG average 73%) and 90% said their last appointment was convenient. We checked the appointments available at 9.30am on the morning of our inspection. We saw the next available routine appointment was the same morning and the next routine appointment was in two working days.

The practice opened at 7am on Mondays and Tuesday and 8am the rest of the week. It closed at 6pm each day except Wednesday, when it closed at 12.30pm. Face to face and telephone consultations were available with clinicians.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy was

# Are services responsive to people's needs?

(for example, to feedback?)

dated May 2015, but it contained information about the Primary Care Trust (PCT). The PCT ceased to exist in April 2013 when CCGs were formed. The practice manager was the lead for complaints and the process was overseen by the lead GP.

We saw that a record of all complaints was kept, and there was an annual review of all complaints made. We looked at the complaints made in the previous year and they had all been appropriately recorded, investigated and responded to. Where learning needs had been identified these had been noted. We saw evidence of working practice being

changed as a result of a complaint that had been made. Some complaints had taken several months to reach a conclusion but this was due to the long term absence of some staff. Patients were kept informed of these delays.

We saw that complaints were discussed during practice meetings. The staff we spoke with were aware of the procedure to follow if a complaint was made. Patients we spoke with were aware of the process to follow should they wish to make a complaint. They said they would feel comfortable making a complaint if this was necessary.

# 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

One of the partner GPs described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair. Discussions with GPs, other members of the practice team and patients supported that this perception of the practice was widely shared.

### Governance arrangements

There were defined lines of responsibility and accountability for clinical and non-clinical staff. Regular clinical and practice meetings were held. We looked at minutes from recent meetings and found that performance, quality and risks had been discussed. Discussion with GPs and other members of the practice team demonstrated the practice operated an open and fair culture that enabled staff to challenge existing practices and thereby make improvement to the services provided. These arrangements supported the governance and quality assurance measures taken at the practice and enabled staff to review and improve the quality of the services provided. The partner GPs, practice manager and practice nurse actively participated and interacted with Clinical Commissioning Group (CCG) and were clearly very aware of local health care trends and developments. They shared this with their colleagues in order to enable them to consider what improvements could be made to develop and improve the services they provided to patients.

We saw systems in place for monitoring all aspects of the service such as complaints, incidents, safeguarding, risk management, clinical audit and infection control. All the staff we spoke with were aware of each other's responsibilities. The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. However, some of these policies needed updating.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance and identify areas for improvement. We saw that QOF data was regularly discussed within the practice and action was taken to maintain or improve outcomes.

The practice completed some clinical audits and we saw evidence of a clinical audit cycle being completed. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits.

### Leadership, openness and transparency

The service was transparent, collaborative and open about performance. Most staff told us the lead GP was very approachable and they and the practice manager had an open door policy. Regular staff meetings were held for all staff, including separate clinical meetings. Minutes were kept of these meetings and these provided evidence of patient outcomes being monitored internally and by the CCG. We spoke with staff members and they were all clear about their own roles and responsibilities. They told us that felt valued, well supported and knew who to go to in the practice with any concerns.

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

The practice had a patient participation group (PPG) in place. We saw the practice had asked PPG members for feedback on various issues such as appointments and practice facilities. Meeting minutes had been kept where the discussion about improvements to the practice had been documented.

The PPG had not met for just over a year due to the long-term absence of a GP. There was now a full complement of staff so arrangements were in place to reintroduce these meetings. The website was also advertising for members to join a virtual PPG.

The practice had carried out a patient survey in 2014 and had discussed the results with the PPG with a view to making improvements. They also looked at the results of the Friends and Family tests and comments made on NHS Choices to see if there were issues that needed to be addressed.

### Management lead through learning and improvement

Staff told us they received the training necessary for them to carry out their duties and they were able to access additional training to enhance their roles. Their personnel files contained details of the training courses they had attended. We saw that updated training was required in some areas and the practice manager had either booked this or was in the process of arranging it. Staff told us they felt well supported at work. Although informal one to one

# Are services well-led?

Good 

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

meetings took place for staff their annual formal appraisals had not been carried out in 2014 due to staff shortages. We saw evidence that appraisals for most staff had been booked in for the month following our inspection. One of the GPs carried out the appraisal for the practice manager. The practice manager and a GP carried out the practice nurse appraisals.

The practice nurse took responsibility for their own continuing professional development and we saw evidence that they kept up to date with external training.

We saw that where there were issues with the performance or attitude of staff a record of this was kept in the relevant personnel file. However, where this was seen we saw no evidence that these issues had been discussed with the staff member during their appraisals. We asked the practice manager and lead GP about this and it was acknowledged that not all staff were receptive to the idea of having an

appraisal but this was in hand. The practice was following a process to ensure all staff had an appraisal within the few weeks following the inspection and they told us any issues regarding staff would be discussed during these appraisal meetings.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where doctors demonstrate to their regulatory body, The General Medical Council (GMC), that they were up to date and fit to practice. The GPs and practice nurses regularly attended meetings with the CCG so that support and good practice could be shared.

The practice had completed reviews of significant events and other incidents and shared the outcomes of these with staff during meetings to ensure outcomes for patients improved.

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 Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered person did not operate robust recruitment procedures to ensure they only employed fit and proper staff. This was in breach of regulation 19(1)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>A full employment history and evidence of identity was not kept for all staff. Where it was necessary for a Disclosure and Barring Service (DBS) check to be carried out this had not always been completed.</p> <p>Regulation 19(1)(a)(3)(a)</p>