

Concept House Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Concept House Surgery on 20 June 2017. Overall the practice is rated as requires improvement.

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

- The systems and processes in place to minimise and mitigate safety risks required improvement.
- The practice facilities and equipment needed maintaining and improving and a program of maintenance implemented in order to maintain a suitable standard.
- The practice arrangements to respond to medical emergencies and major incidents needed improvement.
- Governance arrangements, including management of policies and procedures, risk assessment and management, audits and training required improvement.

- Staff were aware of current evidence based guidance and used them to treat and care for patients.
- The practice recognised its patient population needs and tailored services accordingly.
- Patients said they were treated with care, compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and feedback.
- Appointments were accessible, with extended hours opening on Tuesday evening.
- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.
- The provider was aware of the requirements of the duty of candour.
- There was a clear leadership structure and staff felt supported by management. The practice sought

Summary of findings

patient views and feedback about improvements that could be made to the service; however the patient participation group (PPG) needed development in order to fully engage a patient's perspective.

The areas where the provider must make improvement are:

- Ensure that care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for purpose
- Maintain appropriate standards of hygiene for premises and equipment
- Operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Review incidents and significant events that affect the health, safety and welfare of people to identify themes and trends in order to learn from them and prevent further occurrences.
- Review systems for the dissemination, learning and follow up of action to be taken following significant events and incidents.

- Review the training plan to include appropriate intervals for update training in core topics such as basic life support, infection control, mental capacity and safeguarding and ensure these are kept up to date.
- Review the system for documenting action to be taken in response to patient safety alerts.
- Review the system for managing and monitoring the use of evidence based guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Review the systems for the safety and monitoring of prescriptions both inside the practice and when carried externally by GPs.
- Review the storage of paper records to ensure they are stored safely.
- Review the website and practice information leaflet to include details of who to contact in the case of the surgery being closed or outside of normal working hours.
- Review the location of the business continuity plan to ensure it is accessible in the case of need.

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. This was because;

- There was a system for reporting and recording significant events; lessons were not widely shared through staff meetings to make sure action was taken to improve safety in the practice. Incidents and events were not reviewed together regularly in order to identify themes and trends and act on them.
- The systems in place to reduce risks to patient safety required improvement. For example, health and safety and related assessments and checks needed actioning, some clinical equipment needed maintenance and calibration checks and infection prevention and control measures needed improving.
- The premises were observed not to be clean and were poorly maintained.
- The practice did not have adequate arrangements to respond to emergencies and major incidents.

However;

- Staff demonstrated that they understood their responsibilities and most had received appropriate training on safeguarding children and vulnerable adults relevant to their role, although for some staff this was out of date.
- Required pre-employment checks had been carried out to ensure staff suitability for the sample of staff we looked at.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Some audits were taking place, however these needed improvement in order to fully demonstrate quality and service improvements.
- 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.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patient comments indicated that patients were treated with care, compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer, those at the end of their life and patients living with dementia or a learning disability.
- A range of appointments were provided to meet the needs of patients, including booking on line, pre bookable up to four weeks in advance, on the day, emergency appointments and home visits. Tuesday evening appointments (until 8pm) were available.
- Information about how to complain was available and evidence from the examples reviewed 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 requires improvement for being well-led.

This was because;

- Governance arrangements, including management of policies and procedures, risk assessment and management, audits and training required improvement.
- The practice had policies and procedures to govern activity, some of these were overdue a review.
- The practice held a variety of regular meetings which included some governance issues, however not all staff meetings demonstrated dissemination of learning and feedback from incidents and significant events or followed up actions needed to be taken in order to improve.

However;

Requires improvement



Summary of findings

- The practice had a mission statement of which staff were clear about and understood their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- Staff had received inductions and annual performance reviews and attended staff meetings.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty.
- The practice gained feedback from patients through surveys, comments and complaints. The patient participation group consisted of one person and the practice communicated by email with them. The practice needed to improve the system for actively encouraging, seeking and acting on feedback from people who use the service by means of a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

However;

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits, extended appointments and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, carrying out over 75's health checks and Flu vaccinations for the elderly.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

However;

- The practice nurses specialised in long-term/chronic disease management and patients at risk of hospital admission were identified as a priority. As part of this they provided regular, structured reviews of patients' health.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice held information about the prevalence of specific long term conditions within its patient population. This

Requires improvement



Summary of findings

included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these.

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

However;

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were accessible for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

However;

Requires improvement



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, telephone consultations, extended opening hours with Tuesday evening appointments available.
- The practice was proactive in offering online and text messaging services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

However;

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients told us that people with learning disabilities were treated well and with care and compassion.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

However;

- The practice held a register of patients experiencing poor mental health.

Requires improvement



Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Patients told us that people with poor mental health and dementia were treated well and with care and compassion.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 for the period of March 2015 – January 2016. Dr David Goldberg was providing GP services at this practice in 2015 and registered as the new provider, Dr David Goldberg and Dr Gina Halstead, with CQC at this location in December 2016. The results showed the practice was performing in line with local and national averages, 369 survey forms were distributed and 107 were returned. This represented 2% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 96% of patients said they found the receptionists helpful compared to the CCG average of 86% and the national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, all of which were positive

about the standard of care received. Comments included that the practice provided a fabulous service, with staff who go out of their way to accommodate you. They said they were treated with respect, always listened to and received good care and treatment.

We spoke with four patients during the inspection including the one member of the patient participation group (PPG). They were very satisfied with the care they received, commenting specifically that the treatment for vulnerable people such as those who had a learning disability and those with mental health was very good. They also commented that appointments were easy to access on the day and urgently if needed. This was in line with comments from CQC comment cards in which patients said they always got an appointment when necessary, appointments were available on the day and appointments were easy to access.

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. The results for the last three months (March, April and May 2017) showed that 76% of 49 respondents were either extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for purpose
- Maintain appropriate standards of hygiene for premises and equipment
- Operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Review incidents and significant events that affect the health, safety and welfare of people to identify themes and trends in order to learn from them and prevent further occurrences.
- Review systems for the dissemination, learning and follow up of action to be taken following significant events and incidents.
- Review the training plan to include appropriate intervals for update training in core topics such as basic life support, infection control, mental capacity and safeguarding and ensure these are kept up to date.
- Review the system for documenting action to be taken in response to patient safety alerts.

Summary of findings

- Review the system for managing and monitoring the use of evidence based guidance such as National Institute for Health and Care Excellence (NICE) guidelines.
- Review the systems for the safety and monitoring of prescriptions both inside the practice and when carried externally by GPs.
- Review the storage of paper records to ensure they are stored safely.
- Review the website and practice information leaflet to include details of who to contact in the case of the surgery being closed or outside of normal working hours.
- Review the location of the business continuity plan to ensure it is accessible in the case of need.

Concept House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Concept House Surgery

Concept House Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 5200 patients living in the Bootle area of Liverpool and is situated in a converted residential dwelling. Concept House Surgery also operates a branch surgery at Sefton Road Surgery. For patients this means that as a patient of either practice, they are able to use both surgeries. The doctors, clinical and administrative staff share their time across the two practices. Because of the way in which each surgery has been registered with the Care Quality Commission, Concept House Surgery and Sefton Road Surgery have been inspected separately and individual reports will be available for both practices.

The practice has two female GPs, one male GP, an advanced nurse practitioner, practice nurse, healthcare assistant, administration and reception staff and a practice management team. Concept House Surgery holds a Personal Medical Services (PMS) contract with NHS England.

The practice is open Monday – Friday 8am - 6.30pm, with extended hours opening until 8pm on a Tuesday. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations,

pre-bookable consultations, on the day appointments, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of South Sefton Clinical Commissioning Group (CCG) and is situated in a deprived area. Both male and female life expectancy is lower than the national and local CCG average. The practice population has a higher than average number of patients with functional illiteracy (20% compared to the national average of 16%).

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local GP out of hour's service provider Urgent Care 24. Information regarding out of hours services was not displayed on the website or in the practice information leaflet.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations,

Detailed findings

including NHS England and the local Clinical Commissioning Group, to share what they knew. We carried out an announced visit on 20 June 2017. During our visit we:

- Spoke with a range of staff (including the practice manager, GPs, a trainee GP and administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- 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). The practice carried out full analysis of the significant events.
- The practice did not monitor trends in significant events. There was no annual or regular review of incidents and events in order to identify themes and trends. Incidents and events were not a regular feature of staff meetings and there was no evidence that actions to be taken had been followed up. After the inspection the practice told us they would timetable in an annual review of significant events and complaints in order to extend learning from themes and trends.
- Patient safety alerts were received and disseminated to relevant staff; however there was no evidence of action documented where relevant. The practice told us they would document this in future.

Overview of safety systems and processes

The practice had systems and processes in place to assess and minimise the risk to patient safety, however some of these required improvement.

- There were safeguarding policies and procedures in place; however some of these needed updating in order to reflect current legislation and national guidance. Following the inspection the practice told us they had updated the policies accordingly and they now included relevant legislation and guidance. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. We found that the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. Most had received training on safeguarding children and vulnerable adults relevant to their role. Some non-clinical staff's training was noted to be out of date. Following the inspection the practice told us they had reviewed the mandatory training to include ensuring the appropriate level of training was up to date for all staff. GPs were trained to child protection or child safeguarding level three, other clinical staff level two and reception and administration staff had level one training.
- A notice in the waiting room advised patients that chaperones were available if required. Staff had been trained for the role of chaperone and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were cleaning schedules in place for the premises. These were informally monitored and we found that some areas of the practice were dusty, in poor state of repair and had not been cleaned effectively.
- The Nurse Practitioner was the infection prevention and control (IPC) clinical lead. There were IPC protocol and policies in place, some of which were out of date and in need of review. Not all staff had received updates for training in IPC. An IPC audit had been undertaken in February 2016 and not all identified actions had been completed. There were no plans for a re-audit to assess if improvements had been made.
- Following the inspection the practice showed us an action plan that demonstrated they had started to address some of the concerns and had plans in place to rectify the issues.
- The arrangements for managing medicines needed improvement. We found medicines carried in a GP visit bag were out of date. There was no system in place for monitoring the use of prescriptions for controlled drugs issued by the practice GP. Following the inspection the practice showed us an action plan that demonstrated they had addressed the concerns, for example the out of date medicines had been replaced. They had plans in place to monitor the safe use of prescriptions.

Are services safe?

- Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Patient Group Directions (PGDs) were in place to ensure they were given safely. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams and the practice pharmacist, to ensure prescribing was in line with best practice guidelines.
- We reviewed six personnel files and found appropriate

Monitoring risks to patients

Procedures for assessing, monitoring and managing risks to patients and staff safety needed improvement.

- The health and safety report and risk assessment had been carried out in April 2017. Some immediate actions had not been addressed, such as fire alarm system checks and fire evacuation drills. Fire evacuation drills had not taken place. Following the inspection the practice sent us information that demonstrated a practice fire drill had taken place.
- Most of the electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We found equipment in a GP visiting bag and one item in a clinical room had not been serviced or calibrated. Following the inspection plans were put in place to ensure all equipment was checked and calibrated and included in the asset register.
- There was no planned preventative maintenance program in place. There were areas of the building that were in a poor state of repair such as ripped carpets (in non-clinical areas) and rotten window frames.
- Other risk assessments were in place such as the control of substances hazardous to health. A Legionella risk assessment had been completed but not by a

competent person and water temperature monitoring was not in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for the practice and across the organisation with sister practices to ensure enough staff were on duty to meet the needs of patients.
- Historic paper medical records were not stored safely. They were stored in open wooden shelves in the top floor of the building.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements 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. Staff were issued with personal attack alarms; these were not checked and tested to ensure they were in working order. Following the inspection we were told these had been removed and would not be used.
- Staff received basic life support training; however this was at periods of every 3 years and staff did not have any refresher or update training annually or more frequently than this. Following the inspection we were told this had been reviewed and staff would receive annual update training in basic life support skills.
- The practice had a defibrillator available on the premises. We noted the pads had past their expiry date. The practice did not have oxygen available. Oxygen is considered essential in dealing with certain medical emergencies. Following our inspection the practice told us they had ordered oxygen for use in medical emergencies. We saw evidence that demonstrated both oxygen and in date defibrillator pads were now available at the practice.
- Emergency medicines were 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.

Are services safe?

- The practice had a business continuity plan for major incidents such as power failure or building damage. The

plan included emergency contact numbers for staff. The plan was held on the computer and the practice did not have any hard copies for staff to refer to in the case of electrical or IT failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice relied on individual clinicians to keep up to date with these guidelines, there was no overarching framework to manage and monitor NICE guidelines practice wide.

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 results were 95% of the total number of points available. The data is based on the 2016/2017 results from NHS England, however these results are not yet verified or published. This was a slight improvement from last year where they achieved 94%. The practice monitored its performance against QOF indicators continuously in order to improve and achieved better outcomes. The practice also worked towards meeting local targets.

There was no structured approach to undertaking clinical audits. Audits seen were initial audits and we were not shown any completed cycles in order to demonstrate where improvements had taken place. There was no audit plan in place to proactively identify audits in response to:

- Local and national priorities
- Change in guidelines
- Following educational meetings

Audits we saw included, for example, osteoporosis treatment and medicines management audits.

Effective staffing

- The practice had an induction programme for all newly appointed staff.

- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. There was a training programme in place; however this did not always meet the needs of the staff. For example some staff were out of date with their safeguarding and infection control training.
- 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 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.
- We found that 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

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. However some clinical staff did not have a full understanding of the Mental Capacity Act 2005 and its application and not all staff had received training in it.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and sexual health.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including the one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The national GP patient survey results were published in July 2016 for the period of March 2015 – January 2016. Dr David Goldberg was providing GP services at this practice in 2015 and registered as the new provider, Dr David Goldberg and Dr Gina Halstead, with CQC at this location in December 2016. The practice was above or around average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients said that the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Are services caring?

- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 87%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in reception.

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 and carers were referred to care support agencies by the practice. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, for example health checks and flu vaccinations.

Staff told us that if families had experienced 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 understood its population profile and had used this understanding to meet the needs of its population:

- It offered access to extended hours on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- Patients told us that people with a learning disability and poor mental health were treated well, time was taken to explain treatment and care and they were cared for with understanding.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included disabled toilet facilities, a hearing loop, and interpretation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Tuesday evening until 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, on the day and urgent appointments were also available for patients that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.

- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

Patients we spoke with indicated there were also satisfied with access to care and treatment at the practice.

The practice had a system 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 a system 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. For example information was displayed and a complaints summary leaflet was available in the reception area.

We looked at the complaints received in the last 12 months and found these were dealt with in a timely way. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

- The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.
- The practice had a 3 year plan and strategy in order to improve care for patients and to improve job satisfaction for staff.

Governance arrangements

The practice lacked an overarching governance framework and areas of risk and health and safety needed improvement.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and the nurse had lead roles in key areas.
- Practice policies were in place and available to all staff. Some of these were out of date and had not been reviewed regularly.
- Practice meetings were held monthly, however governance issues such as significant event analysis did not always feature for discussion, feedback and action to be followed up.
- There was limited evidence of audits demonstrating improvements in patient outcomes. We were shown one clinical audit that had been undertaken by the GP at the practice. This was evidence based and was a single cycle only. Medicine management audits were undertaken by the pharmacist. There was no audit plan based on local and national priorities.
- The arrangements for identifying, recording and managing risks and implementing mitigating actions needed improvement. Health and safety action plans were not followed up and we found that some immediate actions needed to be taken had not been actioned two months later.

Leadership and culture

Staff told us the partners and management were approachable and always took the time to listen to all members of staff. Staff enjoyed working at the practice and felt there was good team working

The provider was aware of and had systems 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). This included communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found 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 clear leadership structure and staff felt supported by management.

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and health visitors to monitor vulnerable patients, vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff said they felt respected, valued and supported.

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

The practice sought feedback from:

- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

There was one member of the patient participation group who was communicated with via email. They told us they felt the practice would listen to them if suggestions were made. The practice did not hold meetings or actively encourage a wider participation of patients in order to actively seek and encourage feedback about the quality of care

Continuous improvement

The practice had a three year improvement plan which was monitored. The practice was an approved training practice.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had failed to identify the risks associated with the prevention and control of infection, management of medicines and health and safety risks, This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person did not ensure the premises and equipment used at the premises were properly maintained. Appropriate standards of hygiene were not maintained. This was in breach of regulation 15(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not operate effective systems to monitor, assess and improve the quality of services.

This section is primarily information for the provider

Requirement notices

They had failed to identify and mitigate the risks relating to the health, safety and welfare of people who used the service and others.

This was in breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.