

Kirkley Mill Health Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 visited Kirkley Mill Health Centre on the 13 October 2014 and carried out a comprehensive inspection. The overall rating for this service is requires improvement. We found the practice to be good in the caring and responsive domains but required improvement in the safe, effective and well led domains. Improvements were required in the service provided to older people, people with long term conditions, families, children and young people, working age people, students and those recently retired, people whose circumstances may make them vulnerable and people experiencing poor mental health, including those with dementia.

Our key findings were as follows:

- The majority of patients reported that clinical staff gave them enough time, explained their condition and

treatment, and involved them in decisions about their care and treatment. However, many of the patients told us there was a lack of GPs which resulted in a lack of continuity of care.

- The management team had been working with patients and staff in order to make improvements at the practice. Patients recognised that improvements had been made and staff were keen to continue to improve the practice.
- The practice was clean and hygienic and had robust arrangements for reducing the risks from healthcare associated infections.

We saw several areas of outstanding practice including:

- Positive feedback from a representative of the traveller community who advised that the practice had provided a flexible service to people from the travelling community.

Summary of findings

- A dedicated phone line for a range of health professionals, the local hospital and nursing homes so that quick access to a GP could be obtained if necessary.

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

Importantly, the provider must:

- A system was in place for reporting, recording and sharing the learning from significant events. However this learning must be embedded in practice.
- The practice needs to ensure that clinicians and non-clinical staff have taken on board learning around all significant events.
- Significant events around delayed referrals had repeatedly occurred. Referrals must be undertaken in a timely manner.
- Complete clinical audit cycles to ensure that appropriate changes are made to patients' care and treatment to improve their health outcomes.
- Ensure that all staff receive training deemed mandatory by the practice.

In addition the provider should ensure:

- The checking of medicines for stock and expiry dates is documented.
- The knowledge of some of the clinical staff in relation to the Mental Capacity Act (2005) is improved.

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 safe as there are areas where improvements must be made. Staff understood their responsibilities to raise concerns, and report incidents and near misses. However, when things went wrong, lessons learnt were not communicated widely enough to support improvement. Risks to patients who used services were assessed, but systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Patient referrals were not always completed in a timely way. There were not enough permanent GPs to ensure that patient's safety was always protected.

Requires improvement



Are services effective?

The practice is rated as requires improvement for effective as there are areas where improvements should be made. NICE guidance is referenced and used routinely. There are no completed audits of patient outcomes. We saw no evidence that audit is driving improvement in performance for patient outcomes. Not all staff had received training appropriate to their roles. Multidisciplinary working was evidenced.

Requires improvement



Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported improved access to the practice although continuity of care was not always possible. Urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for well-led. The practice team had recently met to talk about their vision for the practice and staff felt supported by management. There were a number of policies and procedures to govern activity. However, there was a lack of clinical leadership as the practice had difficulty in recruiting permanent GPs. This resulted in a lack of effective governance processes, including clinical audit. There were systems in place to monitor and improve quality and identify risk, although these were not always effective. The practice had recently appointed a lead GP who was due to start in November 2014. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people.

The practice had identified all their patients over 75 years of age. Each patient who was 75 years or older had a named GP who was responsible for the coordination of their care and treatment, in line with recent GP contract changes for 2014 to 2015.

There was a dedicated phone line for a range of health professionals, the local hospital and nursing homes so that quick access to a GP could be obtained if necessary.

Home visits and telephone consultations were available when patients were unable to attend the practice.

However, systems and processes to address risks to patients required improvement. There was scope to improve clinical audit to improve outcomes for patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for people with long term conditions.

The practice supported patients to receive coordinated, multi-disciplinary care whilst retaining oversight of their care.

The practice had effective arrangements for making sure that patients with long term conditions were invited to the practice for annual or more frequent reviews depending on their needs. The practice made use of a mobile text service to remind patients of their appointment time or to notify them that a review of their condition was due. When needed, longer appointments and home visits were available.

However, systems and processes to address risks to patients required improvement. There was scope to improve clinical audit to improve outcomes for patients.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the population group of families, children and young people.

Appointments could be booked in person, by telephone or via the practice website. Appointments were available outside of school hours.

Requires improvement



Summary of findings

Information and advice was available to promote health to women before, during and after pregnancy. Expectant mothers had access to a midwife clinic although this was not held at the practice.

The practice monitored the physical and developmental progress of babies and young children. There were arrangements for identifying and monitoring children who were at risk of abuse or neglect. The nurse practitioner worked closely with the health visitor.

The practice had a register of children who were on the at risk register and those who were cared for. If an appointment was requested for a child on either of these registers, they were given an appointment that day.

Information and advice on sexual health and contraception was provided during GP and nurse appointments.

The practice identified people with caring responsibilities and those who required additional support which was recorded on their patient record.

However, systems and processes to address risks to patients required improvement. There was scope to improve clinical audit to improve outcomes for patients.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the population group 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. Appointments could be booked in person, by telephone or via the practice website. The practice was open on a Saturday morning from 8am to 1pm so patients who worked were able to see a GP outside of usual office hours.

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

When patients required referral to specialist services they were offered a choice of services, locations and dates.

However, systems and processes to address risks to patients required improvement. There was scope to improve clinical audit to improve outcomes for patients.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for people whose circumstances may make them vulnerable.

We received positive feedback from a representative of the traveller community who advised that this practice had provided a flexible service to people from the travelling community.

The practice had access to a translation service. Patients who needed this service were identified in advance and this was recorded on their patient record so that the service could be requested in advance of their appointment.

The practice had a register of people with a learning disability and they had fortnightly clinics booked from the end of October 2014 to undertake annual health checks for people with a learning disability. People with learning disabilities were supported to make decisions through the use of care plans which they were involved in agreeing.

Temporary residents were able to register at the practice and were given a different registration form for completion. This included the details of the patient and the reason for their attendance, in order for this information to be sent to their usual GP.

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 and out of hours.

However, systems and processes to address risks to patients required improvement. There was scope to improve clinical audit to improve outcomes for patients.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for people experiencing poor mental health (including people with dementia).

People experiencing poor mental health, who required specific care had an alert added onto their patient record. When they contacted the practice this information was highlighted when a member of staff looked at their record. A search was carried out to ensure that all patients experiencing poor mental health had these alerts in place.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations. The GPs had the necessary skills and information to treat or refer patients with poor mental health.

Requires improvement



Summary of findings

However, systems and processes to address risks to patients required improvement. There was scope to improve clinical audit to improve outcomes for patients.

Summary of findings

What people who use the service say

We spoke with 18 patients during our inspection. We received mixed feedback from patients in relation to their views of the service provided. Many of the patients told us there was a lack of GPs which resulted in a lack of continuity of care. Two patients told us that the lack of continuity had impacted on their care although two other patients did not think their care had been affected.

Patients' experiences of the appointment system were varied. Some patients told us there could be a delay in getting a non-urgent appointment, although patients were able to access urgent appointments on the day. There was a GP triage system in place where patients requesting an urgent appointment were contacted by a GP to assess their need.

One patient told us they had received a prompt referral for their child and were satisfied with the service they received. Some of the patients told us that they rated the nurse practitioner highly. Patients who we spoke with who had long term conditions reported that they were reviewed regularly.

We collected six Care Quality Commission comment cards from a box left in the practice in the week before our inspection. The majority of the comments on the cards were about how patients were treated well by the staff at the practice. The only negative comment we received, from two patients, was about the waiting time to see the GP, once they had arrived for their appointment.

Areas for improvement

Action the service **MUST** take to improve

- A system was in place for reporting, recording and sharing the learning from significant events. However this learning must be embedded in practice.
- The practice needs to ensure that clinicians and non-clinical staff have taken on board learning around all significant events.
- Significant events around delayed referrals had repeatedly occurred. Referrals must be undertaken in a timely manner.

- Complete clinical audit cycles to ensure that appropriate changes are made to patients' care and treatment to improve their health outcomes.
- Ensure that all staff receive training deemed mandatory by the practice.

Action the service **SHOULD** take to improve

Ensure that the checking of medicines for stock and expiry dates is documented.

The knowledge of some of the clinical staff in relation to the Mental Capacity Act (2005) should be improved.

Outstanding practice

- Positive feedback from a representative of the traveller community who advised that the practice had provided a flexible service to people from the travelling community.
- A dedicated phone line for a range of health professionals, the local hospital and nursing homes so that quick access to a GP could be obtained if necessary.

Kirkley Mill Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor. The team also included a practice management specialist advisor and an expert by experience. An expert by experience is someone who has experience of using health services.

Background to Kirkley Mill Health Centre

Kirkley Mill Health Centre, in the Great Yarmouth and Waveney clinical commissioning group (CCG) area, provides a range of general medical services to approximately 4600 registered patients living in and around the Kirkley Mill area of Lowestoft.

The practice is provided by a partnership who hold managerial and financial responsibility for the practice. The partners use management support from Malling Health UK Ltd. The practice used to be provided by a single handed GP, but in 2012, the current partnership took over responsibility for the practice. They employ two GPs, (1.5 whole time equivalent) and use locum GPs to cover vacant GP positions, due to difficulties they have had in recruiting GPs. They employ a nurse practitioner and a practice nurse (1.3 whole time equivalent). Nurse practitioners have additional education and training and are qualified to treat certain medical conditions without the direct supervision of a doctor. There is also two health care assistants, four receptionists, including a reception manager, two administration staff and two deputy practice managers, who job share.

The practice is provided in a portakabin which is shared with another GP practice. The reception and waiting room area in the main entrance is shared with patients from the other GP practice. However patients attending Kirkley Mill Medical Centre have a dedicated desk allocated to them. The practice was due to move to a new health centre, on the same site, in two weeks time.

The practice have opted out of providing out of hours services. These are provided by another health care provider called South East Health.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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.

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.

Detailed findings

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and other information that was available in the public domain. We also reviewed information we had received from the service and asked other organisations to share what they knew about the service. We talked to the local clinical commissioning group (CCG), the NHS local area team, Healthwatch and minority group representatives about the practice. The information they provided was used to inform the planning of the inspection.

We carried out an announced visit on 13 October 2014. During our visit we spoke with a range of staff, including the area manager, the locality manager, two GPs, two nurses, one health care assistant, two reception staff and the deputy practice managers.

We spoke with representatives from the patient participation group (PPG). PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. We also spoke with eighteen patients who used the practice. We

reviewed six comments cards where patients had shared their views and experiences of the practice. We observed how people were being cared for and reviewed the treatment records of patients.

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

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

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

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

Are services safe?

Our findings

Safe Track Record

We saw that the practice took account of a number of different sources of information to help them to understand whether or not they were operating safely. This included significant events analysis, complaints and national patient safety alerts. We looked at complaints records, comments received, records of significant events and notes of clinical meetings. These records showed that incidents, feedback and concerns were discussed and outcomes and any learning arising from the incidents were communicated to staff through clinical and staff meetings.

We saw that there was a process in place to ensure that safety information was shared appropriately within the practice. Staff were informed of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts electronically and also at clinical and staff meetings, as appropriate. There was a process in place to review patients following MHRA safety alerts.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and sharing the learning from significant events. Staff were able to describe their role in the reporting process and were encouraged to report incidents however minor they might appear to be.

We saw that incidents were recorded and investigated by a senior member of staff or clinician. Significant events were discussed at the clinical and staff meetings. All significant events were then reported to head office on a monthly basis. These were then reviewed by the clinical governance team and analysed for any trends. Recommendations were shared with the practice and other member practices in order that improvements to processes and practice could be made to minimise the risk of future significant events.

We looked at a number of records of significant event analyses (SEA) which demonstrated that the practice reviewed the circumstances of such events and had identified learning from them. However, the learning from significant events was not embedded in practice. We noted that there were seven significant events where referrals to other services had not been made in a timely way. The fact that these mistakes had reoccurred meant that staff had not learnt from previous significant events.

Reliable safety systems and processes including safeguarding

The practice had an effective system in place to ensure that patients were safeguarded against the risk of abuse. We reviewed their safeguarding adult and safeguarding children policies. Additional guidance was available for staff which included for example, processing referrals from social services and managing on-going safeguarding cases. There were arrangements for identifying and monitoring children who were at risk of abuse or neglect. The nurse practitioner worked closely with the health visitor, and cared for children, those subject to child protection orders and children living in disadvantaged circumstances were discussed regularly.

There was a lead nurse for safeguarding children and vulnerable adults and staff knew who they were. The majority of the permanent staff had completed safeguarding children training to the appropriate level for their role. Less than half of the staff had completed safeguarding adult training. However, the staff we spoke with had a good understanding of the different types of abuse and how they would respond if they had a concern.

The practice had a chaperone policy which provided a link to GMC guidelines for intimate examinations. There were notices in the practice which advised patients that they could ask for a chaperone. We noted that a patients' right to request a trained chaperone for their appointment was included on the patient's charter. Clinical staff were primarily used as chaperones although non-clinical staff were occasionally used. One of the nurses was responsible for undertaking this training and confirmed that non-clinical staff who chaperoned received training before this role was undertaken.

Medicines Management

There were appropriate arrangements in place for the storage and checking of medicines. There was a cold chain policy in place. This describes the process for ensuring medicines requiring refrigeration are transported and stored at the correct temperature. The staff we spoke with described adequate arrangements for maintaining the cold-chain for vaccines following their delivery. We looked at records of temperatures for medicines requiring refrigeration. These were recorded daily and were within the recommended range. The staff we spoke with were aware of the action they would take if the temperatures were out of range. We were told by the nursing staff that the

Are services safe?

stock and expiry dates of vaccinations and medicines were checked monthly. However we noted that the documentation of these checks stopped in February 2014. We spoke with the area manager who advised that the documentation of these checks would be recommenced. We checked a random sample of five medicines and these were all in date.

Cleanliness & Infection Control

We observed that all areas of the practice were visibly clean. Hand washing facilities were available and we saw posters were displayed promoting good hand hygiene. The patients we spoke with and received comments from said they were satisfied with standards of hygiene at the practice.

The practice had a lead nurse for infection control, who had undertaken basic infection control training and told us they felt knowledgeable to undertake this role. Some of the staff had completed infection prevention training. The practice had an infection control policy which was available for staff and the staff we spoke with were aware of their role with regard to this. We noted that an infection control audit had been undertaken by the clinical commissioning group in February 2014 and the practice had scored 92%. There were no outstanding issues from this audit for the practice to undertake.

Following our inspection, the area manager confirmed that a legionella risk assessment was in place at the new premises. (Legionella is a germ found in the environment which can contaminate water systems in buildings.)

Equipment

We observed that practice was suitably equipped with the necessary equipment to help clinicians investigate and diagnose a range of conditions patients might present with. The equipment was in good order. We looked at the records and there was evidence that electrical equipment had been tested for safety and clinical equipment had been calibrated (tested for accuracy) if necessary.

Staffing & Recruitment

The area manager had undertaken a risk assessment in relation to the staffing needs of the practice. They explained that they had difficulty in recruiting permanent GPs and that the practice had used a number of locums GPs since 2012. This was due to the recruitment difficulties nationally and regionally. The practice had tried to address this by using long term locum GPs, but this had not always

been possible. We received comments from many patients that there was a lack of continuity in their care as it was difficult to see the same GP. Some patients felt this had impacted on their care, whereas other patients felt this had not impacted them adversely. In response to patient feedback, the practice had increased the appointment availability with the Nurse Practitioner. A Nurse Practitioner has additional education and training and are qualified to treat certain medical conditions without the direct supervision of a doctor.

There was a rota system in place for the different staffing groups, to ensure there was enough staff on duty. We were told by the area manager that staff covered for each other in times of staff shortage. As many of the staff worked part time hours this flexibility was possible. Staff we spoke with confirmed that this happened. For clinical staff shortages, the practice was also able to call on head office and use the wider regional network of practices so that cover could be obtained from other areas.

There was a safe recruitment process in place. We looked at six staff members files which contained appropriate recruitment information, including for example, photographic proof of identity, references, and criminal records checks through the Disclosure and Barring Service. Checks made through the Disclosure and Barring Service help to ensure a person's suitability to work with vulnerable patients. There were procedures in place for managing under-performance or any other disciplinary issues.

There was a system in place for checking and recording the registration status of the clinical staff annually. This included checking the registration of the nursing staff with the Nursing and Midwifery Council, and the GPs with the General Medical Council.

Monitoring Safety & Responding to Risk

The practice had policies and procedures in place for recognising and responding to risks which were reviewed on a regular basis. Staff we spoke with told us that they were aware of these.

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see. Identified risks were included on

Are services safe?

a risk log. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. We saw that any significant risks were submitted to the area manager on a monthly basis and were then escalated to the head office, where they were discussed to identify if any further measures could be taken in order to reduce risk.

There was a fire safety policy in place and staff received fire safety awareness training at induction and on an annual basis. We noted that not all staff had completed this. However the staff we spoke with were aware of their role in the event of a fire. There were two staff identified as fire marshals and they had received training in this role. There was a fire plan on display in the entrance area and fire notices and equipment were available throughout the building. A fire safety checklist was completed weekly and included for example, a check of the fire equipment, extinguishers and fire escapes. We saw that any deficits were logged and action was taken to address these. The fire equipment was serviced in September 2014.

Staff told us they felt able to raise their concerns with the management team and were comfortable that these would be listened to and acted on.

Arrangements to deal with emergencies and major incidents

Staff recognised and knew how to respond to urgent and emergency situations. Appropriate emergency medicines

and equipment, which included oxygen was available. These were checked on a daily basis and this was documented. There was an automated external defibrillator, an electrical device that provides a shock to the heart when necessary. This had an adult and a child pad, and a spare pad, all of which were in date. All staff were up to date with basic life support (BLS) training and using an automated external defibrillator.

Staff were able to demonstrate that they were aware of the correct action to take if they recognised risks to patients; for example they described how they would escalate concerns about an acutely ill or deteriorating child or a patient who was experiencing a mental health issue or crisis. During our inspection we saw staff respond to an unwell patient by calling an ambulance. The staff team worked effectively together to ensure the patient was supported appropriately and the disruption to other patients was minimised.

The practice had a business continuity plan, which identified the likelihood and impact of a range of risks, in order to identify a risk level for each risk. A plan of action was in place for each of the high and medium risks and for the majority of the low risks. Most of the staff we spoke with were aware of the business continuity plan. We were advised that a copy was kept with managerial staff and a copy was kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline their rationale for the delivery of patient care and treatment. Staff were familiar with current best practice guidance. Information, new guidance and changes to current guidelines was made available to and shared with staff by email notifications and during clinical and staff meetings. The staff we spoke with confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the clinical staff that they completed thorough assessments of patients' needs, in line with NICE guidelines, and these were reviewed when appropriate.

The practice held a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. As part of this contract, quality and performance was monitored using the Quality and Outcomes Framework (QOF). We looked at the QOF data for this practice which showed that for the most of QOF indicators, the practice was performing in line with or above the clinical commissioning group (CCG) and England average. The total percentage of QOF points achieved was 95.6%.

Management, monitoring and improving outcomes for people

The practice did not have a robust system in place for completing clinical audit cycles. Clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. We were told by the management team that they had identified a number of clinical audits which could be completed. The preparation work for these clinical audits had been undertaken, for example identifying patients who needed to be reviewed. However, the clinical intervention that was needed for reviewing all the identified patients had not been fully completed. This was primarily due to the lack of a full complement of permanent GPs and the resulting lack of clinical leadership at the practice.

There was no robust process in place for checking that referrals to other services had been sent. We saw evidence that from January 2014 to the date of our inspection, seven referrals to other services had not been made in a timely way.

One of the GPs in the surgery carried out minor surgical procedures in line with their Care Quality Commission (CQC) registration under the Health and Social Care Act (2008) and NICE guidance. We were told by the area manager that the GP who undertook these procedures was appropriately trained and kept up to date with the latest safe practice and guidance. We asked if any clinical audits had been undertaken for minor surgery but we were not shown any evidence of these.

Effective staffing

The practice employed staff who were appropriately skilled and qualified to perform their roles. Robust checks had been made on new staff to ensure they were suitable for a role in healthcare. We looked at employment files, appraisals and training records for six members of staff. We saw evidence that all staff were appropriately qualified, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All new staff underwent a period of induction to the practice. Support was available to all new staff to help them settle into their new role and to familiarise themselves with relevant policies, procedures and practices. We saw that probationary period reviews had been undertaken to ensure that new staff were meeting the required level of competency in their role. The practice had systems in place for identifying and managing staff performance should they fail to meet expected standards. The area manager informed us that errors made by staff in relation to referrals had been discussed with the staff involved. Where these involved a GP locum, the practice no longer used them and has informed the agency of their concern.

Training and development needs were identified through annual appraisal of staff performance. We saw that where staff had identified training interests, arrangements had

Are services effective?

(for example, treatment is effective)

been made to provide suitable courses and opportunities. Nursing staff told us that they were supported by the practice to develop their skills and competencies. There was effective nurse leadership in place.

The management team used a management software programme which gave a comprehensive overview of every staff member and all their training done. This detailed whether staff were up-to-date, due or overdue training on a colour coded system. It included about 30 areas of training/ education, for example, infection control, fire safety, equality and diversity, induction, anaphylaxis, safeguarding, Information governance, manual handling and immunisation and vaccination. We found that not all staff were up to date with the training deemed mandatory by the practice, for example, fire safety, health and safety awareness, infection prevention and safeguarding. The management team were aware of this and it was one of the areas that they needed to address as part of the continued development of the practice.

Working with colleagues and other services

There was a nurse lead for palliative care. They held monthly multidisciplinary team meetings to discuss the needs of patients who were at the end of their life. This ensured there was a joined up approach to care and treatment for the patient. These meetings were attended by district nurses, a doctor in Oncology (cancer care) from the hospital, palliative care nurses and a doctor from the practice. Decisions about care planning were documented in a shared care record.

The nurse practitioner at the practice worked closely with the health visitor, and cared for children, those subject to child protection orders and children living in disadvantaged circumstances were discussed regularly. They met every month to six weeks with the health visitor to review every child on the at risk register. They discussed the learning from serious case reviews.

There was a dedicated phone line for a range of health professionals, the local hospital and nursing homes so that quick access to a GP could be obtained if necessary.

There was a system in place for receiving, managing, reviewing and following up the results of tests requested for patients. Reception staff we spoke with clearly understood their role and responsibilities in handling these results and who the results were to be shared with. Patient correspondence including test and x-ray results, letters

including hospital discharge and out of hour's summaries were reviewed and actioned on the day they were received. This work was divided between the GPs who were working that day. There was a lack of continuity as often results were being reviewed and followed up by a different GP than had ordered the tests. This was due to the difficulty in recruiting permanent GPs and use of locum GPs. Although the practice used regular locum GPs, they did not work at the practice each day. This meant they were often not there to follow up on the tests they had ordered and this had to be done by another GP.

We found that referrals to other services were not always undertaken in a timely way. There were seven significant events where patient referrals to other services had not been made.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were trained on the computer system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. This was important due to the reliance the practice had on locum GPs.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, for example through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The processes for ensuring that referrals which clinicians had agreed with patients were made, required improvement. We looked at seven significant events where referrals had not been made. These had not been made due to a number of factors. These included the request for the referral not being sent to the administration staff, lack of a robust system for communicating that a referral needed to be made and a referral not being submitted on the correct system. This resulted in referrals for patients not being made in a timely way.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We saw that the practice had a consent policy. Guidance was available for staff to support them to undertake their role effectively. This included obtaining consent for looked after children, (those children and young people who are looked after by the state/local authority).

Most of the clinicians demonstrated an understanding of legal requirements when treating children. They understood Gillick competency. This is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The nurse practitioner confirmed that written consent was always obtained from parents prior to immunisations being given to their child.

Some of the clinicians we spoke with were aware of the requirements of the Mental Capacity Act (2005) which is used for adults who lack capacity to make specific decisions. They understood the key parts of the legislation and were able to describe how they implemented it in their practice. However, some clinician's knowledge of the Mental Capacity Act was insufficient.

Health promotion and prevention

There was a range of up to date health promotion information available at the practice and on the practice website. This included information on cancers, dietary advice and mental health. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being. There was information about services to support them in doing this, such as smoking cessation and weight management advice. There was a nurse led smoking cessation clinic and a health trainer available at

the practice. The health trainer provided advice and support to maintain and improve health, for example smoking cessation and weight management. There was also a machine in the waiting area where patients could have their height, weight, body mass index and blood pressure taken. This could be printed out so that it could be added to the patients medical record.

We saw that new patients were invited into the practice when they registered to find out details of their past medical and family health histories. They were also asked about their lifestyle, medications and health screening. This enabled the clinicians to assess new patients' risk factors. New patient checks were undertaken by the nursing team, and if patients needed to be seen by a GP, this was arranged.

The new patient registration form asked patients if they were carers and offered access to additional support. Staff and clinicians were automatically alerted to patients who were also carers via the patient's record. This ensured that staff were aware of the wider context of the patients' health needs.

The practice kept a register of all patients with a learning disability and had recently started to offer annual health checks. The records we saw confirmed this. A specific clinic had been planned every two weeks in order to offer and undertake annual health checks for this patient group.

Information about the range of immunisation and vaccination programmes for children was available from reception. Through discussion with staff and from records viewed we saw that the practice had a high uptake for the majority of childhood immunisations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The reception desk was open plan and used by both practices in the building, using their own staff.

Conversations could be overheard by patients waiting to be seen and the practice were aware of this issue but had arrangements in place to protect people's privacy. Staff supported patients wishing to discuss something confidentially either by speaking with them away from the reception area or by taking them to a private room. There was a notice at reception informing patients that this was available to them if requested.

Patients told us that the reception staff were friendly and helpful and if a confidential matter needed to be discussed they were able to speak with them in private. One of the patients who we received a comment card from did not like being asked the reason for making an appointment when he could be overheard at reception. Patients also told us that staff respected their privacy during consultations. During the inspection we observed staff at reception speaking with patients who had attended the practice. They were treated courteously and with respect.

Consultation and treatment rooms were closed during examinations and could be locked if necessary. We could not hear conversations taking place inside them. Privacy curtains were available in each consultation room for physical and intimate examinations. Chaperones were available for patients to use if required and signs were in the waiting room bringing this service to their attention. We noted that chaperone notices were available in different languages. If available, patients could see a GP of their choice or request either a male or female GP. There was a patient charter on the practice website which outlined patients' rights and responsibilities.

We also reviewed six comment cards that had been collected from patients in advance of our visit. Some of the cards referred to doctors and staff by name, singling out individual examples of kindness and care.

Care planning and involvement in decisions about care and treatment

Staff involved patients in decisions about their care and treatment. The clinical staff we spoke with told us that they provided information to support patients to make decisions about their care and treatment. The patients we spoke with, and received comments from gave positive comments about their involvement in their care and treatment. Patients with learning disabilities were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually (or more frequently if there was a change in their needs).

Patients we spoke with were satisfied with the explanations they were given by clinical staff about their care and treatment and felt they were involved in the planning of it. The majority of patients told us they were given time to discuss their concerns and did not feel rushed. The results of the general practitioners assessment questionnaire undertaken in 2013/2014 reflected that 98% of patients were satisfied or more than satisfied that GPs gave them enough time, explained their condition and treatment and involved them in decisions.

Patient/carer support to cope emotionally with care and treatment

Literature in the form of leaflets and posters were displayed in the waiting room area and were available on the practice website. These included information about a number of support groups and organisations that could be accessed for patients, relatives and carers. These included support for those suffering from long term conditions such as cancer and diabetes and advice for carers in relation to equipment and benefit payments. When a new patient registered at the practice they were asked if they were a carer and offered appropriate support.

We spoke with clinicians who advised that supporting patients to cope emotionally with their care and treatment was part of the care that they provided. They told us that they sign post patients to other support groups and for counselling if this was necessary.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice and facilities were accessible for patients with limited mobility or those in pushchairs. The waiting room and reception area were spacious and could accommodate patients with mobility needs. Disabled parking was available in an adjacent car park. All parts of the building were accessible for patients with mobility needs. There were sufficient numbers of chairs available for patients waiting to see a clinician. There were also accessible toilet facilities.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG). The practice now opened on a Saturday from 8am to 1pm, to improve access for patients. The appointment slots for the nurse practitioner had been increased and the PPG had raised funds and there was now a children's play area in the waiting room at the practice.

There was a 'your questions answered' notice board in the waiting area. This was used to communicate information to patients, in response to their suggestions and feedback. For example, when patients had suggested that parking needed to be improved, information had been shared which explained that car parking space had been reduced due to the building of the new practice on the same site. When the new building was complete, adequate car parking would be available.

Tackling inequity and promoting equality

The practice understood and responded to the different needs of patients from different ethnic backgrounds and those who may be vulnerable due to social or economic circumstances. The practice operated an open list so that patients who were temporarily resident in the area could register as a temporary resident. We received positive feedback from a representative of the traveller community who advised that this practice had provided a flexible service to people from the travelling community.

Patients who experienced poor mental health, and who required specific care had an alert added onto their patient record. When they contacted the practice this information

was highlighted when a member of staff looked at their record. Searches were carried out to ensure that all patients experiencing poor mental health had these alerts in place.

The practice had access to a translation service and the staff we spoke with were aware of this service and how to access it. Patients who needed this service were identified in advance and this was recorded on their patient record so that the service could be requested in advance of their appointment.

Access to the service

The practice was open Monday to Friday from 8am to 6:30pm and on Saturday mornings from 8am to 1pm. Telephone lines were open from 8am each day to book appointments. Appointments were also available to book online. Out of hours treatment was provided by the emergency 111 service and this was made clear in the reception area and on the practice website. An answerphone service also explained how to access this facility.

We looked at the appointments system. There were a range of appointments available which included, same day, emergency, book in advance and home visits. Appointments with a GPs or nurse were generally available on the same day. When a patient needed an urgent, on the day appointment and these appointments had all been taken, patients were fitted in to the morning or afternoon surgeries. If this was not possible arrangements were made for a GP to phone the patient back to undertake a telephone consultation. The GP assessed the patient and if they needed to be seen urgently an appointment was booked. The majority of patients told us they were able to access urgent appointments on the day. Some patients told us there could be a delay of up to two to three weeks in getting a 'book in advance' appointment. The next 'book in advance' appointment with a GP was in 10 days time and for the nurse practitioner it was seven days time.

We saw that appointment for some patient groups were prioritised. The practice had a register of children who were on the at risk register and those who were cared for. If an appointment was requested for a child on either of these registers, they were given an appointment that day.

Are services responsive to people's needs?

(for example, to feedback?)

The Saturday morning surgery provided a service for the working age population. One patient we spoke with was aware of this service and had found it problematic getting an appointment, however, they had recently noticed an improvement.

The practice website also encouraged patients to phone in and cancel if they had to, so their appointment could be offered to someone else. The practice made use of a mobile text service to remind patients of their appointment time or to notify them that a review of their condition was due. This helped reduce the number of patients who did not attend for their appointments.

The practice had responded to feedback from patients in order to improve access to the practice. The annual patient survey identified that 45% of patients stated it was difficult to get an appointment. The practice had responded to this as they had extended their opening hours to include Saturday morning. They also increased the number of appointment slots with the Nurse Practitioner. The practice had also identified from the recent patient participation group survey that a significant percentage of patients were unaware that they could access appointment and request repeat prescriptions online. As the practice had an older demographic population they devised a flyer to assist patients with accessing these services. This was distributed at the Saturday morning seasonal flu clinics.

There was a dedicated phone line for a range of health professionals, the local hospital and nursing homes so that quick access to a GP could be obtained if necessary.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system which included alternative ways of escalating complaints. This was available in the practice information leaflet which was given to all new patients when they registered. This information was also available on the practice website. There was also a separate patient information leaflet which detailed the complaints procedure.

We looked at five complaints received in the last 12 months. We found that four of these had been acknowledged, investigated and responded to in line with the practice complaints procedure. The responses had occurred in a timely manner and we saw that an apology was given where this was appropriate. One complaint was still being investigated.

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

There was no written vision or strategy for the practice. However, the practice had recently met as a team to talk about their vision for the practice. This included where they were, where they wanted to be, how they would get there, and the timescale for this. They were due to meet again when they had relocated to their new practice premises.

The management team acknowledged that there were still improvements to be made to the practice, but they believed that it was more effective to change things gradually, where possible. The practice acknowledged that previous patients had become accustomed to a 'turn up on the day and wait to be seen' appointment system. The practice had worked with patients and trained staff in order to implement a new appointment system that was more structured and manageable.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. The deputy practice managers had a timeline in place to ensure that policies were reviewed on a regular basis. We looked at a sample of policies and procedures and all of them had been reviewed annually and were up to date.

The practice had arrangements for identifying, recording and managing risks. The area manager told us about their risk log which addressed a range of potential issues, including transition to the new premises and complaints. This was updated monthly and sent to the area manager and then to head office for review.

All significant events were reported to head office on a monthly basis. These were then reviewed by the clinical governance team and analysed for any trends. Recommendations were shared with the practice and other member practices in order that improvements to processes and practice could be made to minimise the risk of future significant events. However, we found that learning from significant events needed to be embedded in practice and systems and processes for checking this needed to be more robust. There had been seven significant events where patient referrals had not been made in a timely way. The fact that these mistakes had reoccurred meant that staff had not learnt from previous significant events.

There was a lack of clinical leadership at the practice. As a result of this, clinical audit cycles had not been completed to ensure that appropriate changes were made to patients' care and treatment to improve their health outcomes.

The management team used a management software programme for recording and monitoring significant events and complaints, and these records were available from November 2012, when the current partnership took responsibility for the practice. This management software programme also included training and compliments. This system had been established since the management of the practice had changed and provided a solid foundation for the practice to develop from. For example the training competency log provided a comprehensive overview of every staff member and all their training done, whether they were up-to-date, due or overdue, on a colour coded system. This was easy and quick to refer to and to use, to inform forward planning of training. The management team were aware that the mandatory training for some staff had not been completed and it was one of the areas they needed to address as part of the continued development of the practice.

Leadership, openness and transparency

There was evidence that the management team had started to make positive changes in the leadership at the practice. All the staff we spoke with felt supported and many commented positively on the leadership, how things had improved, how they were involved, and how they were looking forward to future improvements at the practice. It was clear from our interviews with the management team and the staff that the management team were working with the staff in making improvements to the practice. For example, we heard how staff had been supported to understand how and why they should report significant events. We noted that there was over reporting of these, which was being encouraged to develop a culture of reporting and learning within the practice.

We were told that clinical meetings and staff team meetings were usually held monthly and minutes of these meetings were displayed on a notice board in the staff room. Some of the staff told us that they had not been so frequent recently as they had not always had a GP available. The managerial staff that we spoke with told us that despite their efforts they had not been able to recruit another permanent GP. This is what they felt the practice needed in order that there was clinical leadership at the

Are services well-led?

Requires improvement 

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

practice and that continuity for patients could be improved. However, this situation had recently changed as one of the locum GPs had been recruited as a permanent GP and was due to start in November 2014. The locum GP told us they had been impressed with the staff and managerial leadership and were keen to join this practice.

Staff we spoke with were clear about the roles and responsibilities held at the practice. Leads had been identified for key areas such as infection control, complaints, health and safety and safeguarding. The staff we spoke with knew who the staff with lead responsibility were.

There was a system in place which supported the management team to ensure that key work areas for example, the move of the practice to a new premises and Quality and Outcomes framework (QOF), were monitored and actioned as appropriate.

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

There was evidence that the practice did seek and act on feedback from patients, the public and staff. We saw where patients had made a complaint, the practice had acted on the learning from these.

We reviewed two patient surveys which had been undertaken in 2013/2014, with the involvement of the patient participation group (PPG). PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. The PPG specific survey related to local matters for example, opening hours, telephone, online access and other matters that the PPG felt it was appropriate to survey. The survey had 120 respondents. The general practitioner assessment questionnaire received 234 responses. Areas identified for improvement were; improved opening hours, recruitment of GPs, telephone access, improved car parking and children's play area. The practice in conjunction with the

PPG had reviewed the results and developed an action plan to address these areas. We saw evidence that where it was possible, all of the actions had been completed. For example the practice opened on a Saturday from 8am to 1pm, the appointment slots for the nurse practitioner were increased and the PPG had raised funds and there was a children's play area.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues when required or at team meetings. The practice had a whistleblowing policy in place and staff we spoke were aware of this.

Management lead through learning and improvement

Although not all staff had completed the training deemed mandatory by the practice, staff told us they had been supported to enhance their knowledge and skills through formal training, shadowing opportunities within and outside of the practice and mentorship. The practice participated in a monthly learning and development afternoon where training was provided for the staff team or for clinical and non-clinical staff separately.

Training and development needs were identified through annual appraisal of staff performance. We saw that where staff had identified training needs, arrangements had been made to provide suitable courses and opportunities. Nursing staff told us that they were supported by the practice to develop their skills and competencies. There was effective nurse leadership in place and a number of the staff we spoke with commented positively on this.

There was a lack of clinical leadership at the practice. As a result of this, there was a lack of learning and improvement from clinical audit as these had not been undertaken. This was also evident for significant events, as there were reoccurrences of patient referrals not being made in a timely way.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider must identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk within the practice in accordance with Regulation 10(1)(b) Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. Clinical audits had not been completed and the learning from significant events had not embedded in practice. |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The provider must ensure that all staff receive appropriate training according to their role. |