

# The Avenues Medical 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

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

# 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 The Avenues Medical Centre on 20 October 2015.

Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, health and safety risk assessments had not been completed on the environment.
- Actions identified to address concerns with infection control arrangements had not been taken.
- The practice facilities were in need of review in respect of disabled access. The premises did not include lift access to a first floor waiting area and consulting rooms.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Recruitment arrangements must include all necessary employment checks for all staff.
- Risk assessments must be completed for the full environment. Additionally, blinds on the windows and the blind loop cords were long and could potentially be a choking hazard to small children when attending the surgery. Refer to Estates and Facilities Alert (EFA/2015/001 issued 26 January 2015).

# Summary of findings

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis, patterns and trends of incidents was not fully implemented.
- There must be mechanisms in place to manage and monitor the prevention and control of infection.

In addition the provider should:

- Systems must be in place for identifying and monitor the completion of training for all staff in order for them to carry out their duties effectively and safely.

- The practice should have a clear defined leadership structure and business planning arrangements to provide effective succession planning.
- The practice should have risk management and assessment in place for the access and safety of the building premises for patients with limited mobility.
  - Two GPs we spoke with told us the practice did not have a carers register in place but was something planned for the future.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff were clear about their responsibilities to raise concerns and to report incidents and near misses but they were not always recorded. Lessons were learned but not communicated widely to support improvement. Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Some risk assessments were not completed; for example, the environment and safety of the building.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff training needs had been identified however there were some gaps in training for example; infection control. The systems for monitoring training were not effective which resulted in the practice failing to identify that staff had not completed certain required training. There was evidence of staff appraisals and personal development plans.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed that staff treated patients with kindness and respect and maintained confidentiality. Data from the National GP Patient Survey showed that patients rated the practice as slightly above others for several aspects of care when compared to local and national averages.

Good



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

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. However, a risk assessment for the premises environment had not been completed to fully assess the

Good



# Summary of findings

access for patients with disabilities. Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. A documented leadership structure was not in place. Staff felt supported by the management team and knew who to approach with issues. The practice had a number of policies and procedures to govern activity however these had not been implemented fully, not always followed, and some were not always relevant to the practice. The practice proactively sought feedback from staff and patients and had an active patient participation group (PPG). The practice did not have systems or processes which were established or operated effectively in order to demonstrate good governance.

**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 offered proactive, personalised care to meet the needs of the older people in its population group. The practice offered home visits and usual doctor appointments to improve continuity of care. The practice had regular contact with community nurses and participated in meetings with other healthcare professionals to discuss any patient concerns.

Good



### People with long term conditions

These patients had a regular review with either the GP and/or the nurse to check their health and medication. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients were encouraged to manage their conditions and were referred to health education and other in-house services when necessary, for example a dietician. Longer appointments and home visits were available when needed. Patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice opened early evenings until 6.30pm for those people who could not attend during normal opening hours. A dedicated on-call GP was available for emergency telephone advice. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They had carried out annual health checks and longer appointments were available for people with a learning disability and 100% of these patients had received a follow-up.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had been trained 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.

Good



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

Of patients experiencing poor mental health 100% had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

We spoke with 11 patients on the day of our inspection. All of the patients we spoke with were satisfied with the care they received from the practice. They told us staff were friendly and helpful and they received a good service. Patients said they did not have difficulty obtaining an appointment to see a GP for either routine or emergency appointments.

Results from the National GP Patient Survey July 2015 showed from 268 forms distributed, 108 were returned which is a response rate of 40.3% which demonstrated that the practice was performing in line or slightly above local and national averages.

- 82% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 82% and national average of 86%.
- 83% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 82% and national average of 85%.
- 94% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 85% and national average of 88%.
- 94% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92% and national average of 91%.
- 96% of respondents say the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 91%.
- 69% of respondents described their experience of making an appointment as good compared with a CCG average of 73% and national average of 73%.
- 87% of respondents find the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 86%.
- 98% of respondents had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 93% and national average of 95%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 (which is 0.35% of the practice patient list size), comments on the cards were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with dignity and that staff and GPs were polite, courteous and professional.

## Areas for improvement

### Action the service MUST take to improve

- Recruitment arrangements must include all necessary employment checks for all staff.
- Risk assessments must be completed for the full environment. Additionally, blinds on the windows and the blind loop cords were long and could potentially be a choking hazard to small children when attending the surgery. Refer to Estates and Facilities Alert (EFA/2015/001 issued 26 January 2015).

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis, patterns and trends of incidents was not fully implemented.
- There must be mechanisms in place to manage and monitor the prevention and control of infection.

### Action the service SHOULD take to improve

- Systems must be in place for identifying and monitor the completion of training for all staff in order for them to carry out their duties effectively and safely.



# Summary of findings

- The practice should have a clear defined leadership structure and business planning arrangements to provide effective succession planning.
- The practice should have risk management and assessment in place for the access and safety of the building premises for patients with limited mobility.
- Two GPs we spoke with told us the practice did not have a carers register in place but was something planned for the future.

# The Avenues Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a Practice Manager Specialist advisor and an Expert by Experience.

## Background to The Avenues Medical Centre

The Avenues Medical Centre's practice is located in a residential area of Hull and serves the surrounding areas of Hull city centre. There are 6,149 patients on the practice list and the majority of patients are white British background. There are three GP partners and one salaried GP partner, two which are male and two are female. There are two practice nurses and one healthcare assistant. They are supported by a practice manager, reception and administrative staff. The practice is supported with cleaning duties from two internal staff.

The practice is in a comparatively less deprived area and has a similar than average number of patients with health related problems in daily life. The practice also has lower than average patients in receipt of Disability Allowance.

The practice is open for appointments on extended hours 8.00am to 6.30pm Monday to Friday. Appointments could be made during this time. Patients were able to book appointments either on the telephone on-line or at the front desk. Out of Hours services are provided via the 111 service.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; childhood vaccination and immunisation scheme, minor surgery and timely supporting people with learning disabilities. The practice has an active patient participation group (PPG).

## Why we carried out this inspection

We carried out a comprehensive inspection of The Avenues Medical Centre on 20 October 2015. We carried out a planned inspection to check whether the provider was 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 services 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.

## How we carried out this inspection

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

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

# Detailed findings

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England and Healthwatch.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 20 October 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Observed how staff handled patients and their information securely during telephone calls into the practice.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for staff to use.

We reviewed safety records and incident reports. Prior to our inspection we were provided with two significant events that had been recorded in 2015 to date. We saw each individual event had been investigated, the root cause established and any learning to be taken from it identified.

However, the practice did not fully integrate its significant events process to include full reviews of events, outcomes and record all events that had occurred. Examples were given of a patient being supported in a road accident outside the practice and a criminal investigation that had occurred. Both of these incidents had not been recorded, although informal reviews had taken place. Trend analysis of significant events had not taken place to identify patterns and reduce the risk of events re-occurring.

Staff were clear about their responsibilities to raise concerns and to report incidents and near misses. Lessons learned from incidents were not communicated widely to support improvement.

### Overview of safety systems and processes

The practice could not fully demonstrate a safe track record regarding, health and safety and infection control.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The safeguarding lead attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- A notice was displayed in the waiting room, advising patients that appropriate staff would act as chaperones, if required. Staff who acted as chaperones had received

a disclosure and barring check (DBS). However, we were told that reception staff completed chaperoning duties and we saw that they had not received an up to date DBS check.

- There was a health and safety policy available for staff to follow. The practice had up to date fire risk assessments and fire drills had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Whilst risk assessments had been completed regarding fire procedures not all premises risk assessments were in place. For example, the practice had not completed risk assessments to monitor safety of the premises and the patients waiting area had blinds on the windows and the blind loop cords were long and could potentially be a choking hazard to small children when attending the surgery. An Estates and Facilities Alert (EFA/2015/001 issued 26 January 2015) was issued by the Department of Health explaining that looped cords and chains on window blinds continued to present a strangulation hazard to children and vulnerable adults. It stated 'a risk assessment should be carried out on all existing looped blind cords and chains, where children and vulnerable adults are likely to have access. All blind cords and chains deemed to be potentially hazardous should be modified or secured out of their reach.'
- Suitable arrangements were not in place to manage cleanliness and hygiene within the practice. The practice nominated a lead for infection control procedures. Records showed that not all GPs had received up to date training regarding infection control. An infection control audit had been completed. However, this was not dated and could not be confirmed when it had been completed. Also, there were some gaps in recording some actions identified in the practice, for example standard taps had been identified in the disabled toilet but no action taken to remedy the concern. We did not see any records of regular hand washing audits. A legionella risk assessment had been completed. However, the third party provider organisation who had completed the check had provided a report to the practice that could not be clearly understood. All carpets and fabric chairs

## Are services safe?

appeared dirty and there was a malodour in the second rear patient waiting area. All chairs were fabric and non-wipeable. Some clinical rooms were carpeted. We also saw that a disabled toilet facility had a carpet fitted.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were issued electronically and were signed by the GP before being given to the patient or pharmacy.
- The five staff recruitment files we sampled showed that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, DBS checks had not been completed for non-clinical staff that undertook chaperoning duties. The practice had a recruitment policy that was clear in the arrangements for completing pre-employment recruitment checks.
- We observed a patient attending an appointment and they had folded up their wheelchair to access the treatment room. This confirmed that it was difficult for disabled patients to easily manoeuvre around the building. We also observed elderly patients using the stairs to access the upstairs patient waiting area and consultation room. The disabled toilet was standard equipment and did not have an increased high toilet bowl to allow safe and proper access when getting both on and off into a standard size wheelchair. In the event of a patient falling in the disabled toilet, the facility did not have an alarm cord available to alert a member of staff and the door opened internally which increased

the risk of gaining access to a patient that had difficulties. Hand washing facilities in the disabled toilet were not elbow operated which meant that patients who could not operate standard taps due to their restricted mobility were discouraged from appropriate hand hygiene. The main front entrance to the practice had a raised concrete ramp for patients with mobility needs. However, no hand rail was fitted which increased the risk of a trip hazard for patients without the use of a mobility aid. Members of the PPG we spoke to also said they felt the practice was not 'wheelchair friendly'. We did not see any risk assessments that had taken place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty in particular at busier periods and at times of staff absence.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. All the medicines we checked were in date and fit for use. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was also a first aid kit and accident book available. The practice had a defibrillator and oxygen available to use in emergency situations.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned into patient's medical records.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 100%, which was above the clinical commissioning group (CCG) average of 98.6% and above the national average of 97.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were below and above CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 90% to 98%. These results were all marginally below the local CCG and

national averages. Childhood immunisation rates for the vaccinations given to five year olds ranged from 95% to 98%. These results were all above the local CCG and national averages.

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

### Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their internal systems. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs, and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. The practice had achieved 98.6% of the total number of points available compared to the national average of 93.5%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

# Are services effective?

(for example, treatment is effective)

- Performance for cancer assessment and care related indicators was higher than the local CCG and national averages. (100% compared to 98.4% locally and 97.9% nationally).
- Performance for heart failure related indicators was better than the local CCG and national averages. (100% compared to 97.9% locally and 97.9% nationally).
- Performance for mental health assessment and care related indicators was better than the local CCG and worse than national averages. (100% compared to 92.2% locally and 92.8% nationally).
- Performance for public health for example, blood pressure related indicators was better than the local CCG and national averages. (100% compared to 98.6% locally and 98.0% nationally).
- Performance for dementia diagnosis related indicators was better than the local CCG and the national averages. (100% compared to 93.1% locally and 94.5% nationally).

The practice could evidence quality improvement with a number of clinical audits. We saw records of at least three clinical audits that had been completed in the last year and were completed audit cycles that demonstrated improvements had been implemented and reviewed. The practice participated in local CCG audits such as antibiotic prescribing and stroke reduction. These audits had actions to improve the overall clinical care for patients.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as an introduction to the practice, terms and conditions of employment, policies and guidance and the organisations rules.
- The learning needs of staff were identified through a system of appraisals. Staff we spoke with, including the practice manager, said appraisals had been completed for the last year. Records we looked at confirmed this.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, there was evidence of some staff not having completed infection control updates (GPs). The majority of training was up to date and refresher updates were completed for staff. There was a process in place for monitoring training when staff had not completing some training.
- All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff. Staff had completed their annual appraisal in-line with the practice policy arrangements.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2015 and patient satisfaction questionnaires completed by patients when attending the practice. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed that they could offer them a private room to discuss their needs. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A radio was playing in the patient waiting areas to further reduce the risk of conversations being overheard.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 87.4% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.3% and national average of 86.8%.

The practice did not have a carer's register in place. When we asked the responsible individual about this they said that they were currently planning this. However, we did not see any evidence that this was being formulated or put into place. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a visit at a time and place to meet the family's needs or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with care and concern. The practice was 94.8% compared to the CCG average of 91.8% and national average of 90.4% for its satisfaction scores on consultations with nurses.

All of the 21 patient CQC 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. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard and telephone system was located away from the reception desk which helped keep patient information private. However, the main reception area was accessed directly from a busy main road and seating was placed in such a position in the waiting area, conversations could be easily overheard with patients at the reception desk.

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above local and national averages for its satisfaction scores on consultations with doctors and in line with local and national averages for nurses. For example:

- 84.4% said the GP was good at listening to them compared with a CCG average of 85.0% and national average of 88.6%.
- 81.8% said the GP gave them enough time compared with a CCG average of 84.5% and national average of 86.6%.
- 98.7% said they had confidence and trust in the last GP they saw compared with a CCG average of 93.2% and national average of 95.2%.
- 83.4% said the last GP they spoke to was good at treating them with care and concern compared with a CCG average of 82.8% and national average of 85.1%.
- 82.1% said the GP was good at explaining tests and treatments compared with a CCG average of 82.7% and national average of 86.0%.
- 100% said they found the nurse they saw was good at giving them enough time compared with a CCG average of 92.9% and national average of 91.9%.



## Are services caring?

- 100% said they had confidence and trust in the last nurse they saw compared with a CCG average of 97.2% and national average of 97.1%
- 94.8% said the last nurse they spoke to was good at treating them with care and concern compared with a CCG average of 91.8% and national average of 90.4%.

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

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

Data from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the local and national averages. For example:

- 82.1% said the last GP they saw was good at explaining tests and treatments compared with a CCG average of 82.7% and national average of 86.0%.
- 76.4% said the last GP they saw was good at involving them in decisions about their care compared with a CCG average of 79.0% and national average of 81.4%.
- 96.8% said the last nurse they saw was good at explaining tests and treatments compared with a CCG average of 90.0% and national average of 89.6%.
- 84.5% said the last nurse they saw was good at involving them in decisions about their care compared with a CCG average of 86.2% and national average of 84.8%.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was considering joining a Federation with existing practices which would allow patients a wider scope of choice and support.

The practice had an active patient participation group (PPG) of around five patients. We spoke with two members of the group and they both commented the practice was in need of a 'makeover' and needed redecorating. Both members also expressed the building was not 'fit for purpose' in respect of wheelchair users but understood the restrictions on the building. Examples of improvements delivered as a result of PPG discussions included improving patient appointments which can now be booked up to four weeks in advance, electronic prescription ordering and bookable appointments on-line. Both of the group members said the broadcasting system in use in the waiting area was a good way of informing patients if their appointment is delayed.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice offered a nurse-led vaccine clinics for the over 65s and at risk groups.
- The practice offered Long Active Reversible Contraception (LARCS).
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients and those in residential care.
- There were longer appointments available for people who required them.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were some disabled facilities, baby changing facilities and translation services available.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. In addition pre-bookable appointments could be booked in advance up to four weeks and urgent appointments were also available on the same day.

We looked at the practice's appointments system in real-time during the inspection. The earliest routine appointment to see a GP that could be pre-booked was a wait of eight days. Nurse triage slots were also still available later that day. Urgent same-day appointments were made available for patients each day. The practice offered same day telephone consultations with a GP or nurse too. This helped to improve same day access to the service for the practice's patients.

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

- 71.4% of patients were satisfied with the practice's opening hours compared with a CCG average of 78.1% and national average of 74.9%.
- 76.1% patients said they could get through easily to the surgery by phone compared with a CCG average of 70.6% and national average of 73.3%.
- 69.1% patients described their experience of making an appointment as good compared with a CCG average of 73.0% and national average of 73.3%.
- 78.1% patients said they usually waited 15 minutes or less after their appointment time compared with a CCG average of 70.9% and national average of 64.8%.
- 72.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.7% and a national average of 57.7%.

### Listening and learning from concerns and complaints

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

Information about how to make a complaint was available in a practice leaflet and on their website. The complaints policy clearly outlined a time framework for when the

## Are services responsive to people's needs? (for example, to feedback?)

complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been 14 formal complaints in the previous

twelve months which had been satisfactorily handled and dealt with in a timely way. Each complaint had an individual log, learning points were recorded for each complaint and they were discussed at an annual complaints meeting.

# 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 clear vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. A documented leadership structure was not in place. Staff felt supported by management and knew who to approach directly with issues. The practice's statement of purpose listed the following examples among its aims and objectives:

- We strongly believe that quality rather than quantity is most important.
- We aim to provide a high quality service with the focus being on patients' needs whilst maintaining a cost effective service.

Staff we spoke with talked about the care of patients being their main priority.

### Governance arrangements

The practice did not have systems or processes which were established or operated effectively in order to demonstrate good governance on the day of the inspection. Examples of these failings included:

- We asked the practice manager to show us the health and safety risk assessments in place for the practice. They said they had just started completing checks for legionella. There were no checks for the safety of the environment in particular access and safety of the building for patients with disabilities. The practice had not responded to The Department of Health estates and facilities alert Ref:EFA/2015/001 issued in January 2015. Blinds were fitted on the patient waiting area windows and the blind loop cords were long and could potentially be a choking hazard to small children when attending the surgery
- A clear leadership staffing structure had not been documented.
- Two GPs we spoke with told us the practice did not have a carers register in place but was something planned for the future.

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis, patterns and trends of incidents was not fully implemented.
- Policies and procedures were available to all staff through the practice computer system, although arrangements to ensure staff had read and understood these were informal.

We also identified issues with the management of infection control and the recruitment of staff. The lack of good governance had contributed to all of these issues.

Other governance systems in the practice were underpinned by:

- A system of continuous audit cycles which demonstrated improvement in patients' care.
- The GPs were all supported to address their professional development needs for revalidation and all staff had appraisals and continuing professional development.

### Leadership, openness and transparency

The practice did not have a documented leadership structure which set out the clinical and organisational responsibilities of staff. The staff we spoke with were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

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

The practice encouraged and valued feedback from patients there was a formal patient participation group (PPG). This group met on a three monthly basis although, members commented that meeting dates could be changed.

NHS England guidance stated that from 1 December 2014, all GP practices must implement the NHS Friends and Family Test (FFT), (the FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a

# Are services well-led?

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continuous feedback loop between patients and practices).

We saw the practice had introduced the FFT; there were questionnaires available in the waiting room and instructions for patients on how to give feedback.

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  <b>How the regulation was not being met:</b>  <b>Care and treatment was not provided in a safe way for service users because:</b> <ul style="list-style-type: none"><li>• The provider was not doing all that is reasonable practicable to mitigate risks.</li><li>• The provider did not assess the risk of, and prevent, detect, and controlling the spread of, infections, including those that are health care associated.</li></ul> <b>Regulation 12(1)(2)(b)(c)(d)(h)</b>

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  <b>How the regulation was not being met:</b> <ul style="list-style-type: none"><li>• The provider did not have systems or processes which were established and operated effectively in order to demonstrate good governance.</li><li>• The provider did not assess, monitor and improve the quality and safety on its services provided.</li></ul> <b>Regulation 17(2)(a)(d)</b>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>How the regulation was not being met:</b>

This section is primarily information for the provider

## Requirement notices

- The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.

Regulation 19(2)