

Shadwell 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

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shadwell Medical Centre on 1 March 2016. We received information of concern following the inspection and returned to the practice on 17 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The practice had a disabled toilet which had no alarm to highlight if a patient was in distress. This meant there was a risk that patients may be left in the toilet for long periods without assistance if required.
- Patients' paper medical records were stored in the attic area of the practice. This meant that staff were put at risk when having to access the paper medical records.

- The practice had carried out infection control audits but there were no updates to action plans to indicate that improvements had been made as a result of findings.
- Data from the national patient survey showed patient outcomes were low compared to the national average. Comments cards we received also raised concerns in relation to the standard of care provided by the practice.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However; at the time of our inspection staff acting in this role had not received appropriate training. We received assurance from the practice manager following our inspection that this had been provided.

Summary of findings

- We identified concerns regarding staffing levels within the practice and how these were managed. In addition, we noted concerns regarding the workload of the salaried GP.
- Blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use. We saw evidence that this process had been changed during our second visit to the practice. Blank prescriptions had been relocated to a locked cupboard in the practice managers office and a logging system had been introduced.

The areas where the provider must make improvements are:

- Ensure the necessary pre- employment checks for all staff are carried out.
- Ensure appraisals are carried out for all staff
- Ensure all areas of the practice which staff and patients require access to are safe and fit for purpose
- Ensure that governance systems and processes are established and operated effectively. This includes systems to share lessons learned from complaints, to

act on infection control audit findings and recommendations, to respond to and act on feedback from stakeholders and for succession planning to maintain the level of service provision.

In addition the provider should:

- Work with the patient group in order improve services and support to patients.
- Continue to monitor tasks undertaken by non-clinical staff. For example; pathology results received by the practice.
- Review, monitor and maintain adequate levels of trained staff to support the running of the service.
- Review their communication arrangements within the practice in order to enable staff to keep up to date with clinical issues and learn from incidents.
- Consider holding regular staff meetings to allow for sharing of information amongst staff, including practice and clinical updates.

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.

- Although 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.
- The disabled toilet in the waiting area did not have an alert system to inform staff of any patient requiring assistance. This meant there was a risk that patients may be left in the toilet for long periods without assistance if required.
- At the time of our inspection staff acting in the role of chaperone had not received appropriate training. Following on from the inspection the practice provided evidence that this training had been completed.
- The practice had no evidence of disclosure and barring service (DBS) checks for two of the clinical staff working at the practice. The practice has since provided evidence that these have been successfully completed.
- The practice did not hold a record of hepatitis B status for staff working at the practice. We saw evidence that the practice manager had started to document this information during our second visit to the practice.
- Annual infection prevention and control (IPC) audits had been carried out, but actions identified had not been completed.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Two-cycle clinical audits were undertaken and demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However; staff appraisals had not been carried out.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. Only 60% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared to the CCG average 88% and national average 85%.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Staff told us that translation services were available for patients who did not have English as a first language.
- The choose and book service was used with all patients as appropriate. This enables patients to choose to receive secondary care treatment at a hospital or clinic of their choice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered extended hours on Thursday evenings until 9pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- We saw evidence that in the past non-clinical staff had been asked to carry out roles for which they were not appropriately trained.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- The practice did not hold regular governance meetings with non-clinical staff. Instead issues were discussed 'at ad hoc' meetings. However we did not see any minutes of meetings to show that these had taken place.

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 provider was rated as requires improvement for providing safe, effective, caring and well led, services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, telephone appointments and urgent appointments for those with enhanced needs.
- The practice provided services to a local nursing home and sheltered housing complex.
- A full range of nursing services were provided at the practice. These included wound and leg ulcer dressings, ear syringing and shingles and pneumonia vaccinations.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, effective, caring and well led, services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Data from the Quality and Outcomes Framework (QOF) for the period 1 April 2014 to 31 March 2015 showed:

- 74% of patients diagnosed with asthma had received an asthma review in the last 12 months which was the same as the CCG and national averages of 74%.

Summary of findings

- 93% of patients with COPD had received a review undertaken by a healthcare professional in the last 12 which was above the CCG average of 91% and national average of 90%.
-

Families, children and young people

The provider was rated as requires improvement for providing safe, effective, caring and well led, services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group.
- The practice offered a full service for families, including contraceptive checks, sexual health screening, maternity services, post natal checks and baby checks.
- Immunisation uptake rates were comparable to the CCG rates for standard childhood immunisations.
- 80% of eligible patients had received cervical screening in the preceding five years (CCG and England average 82%).

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, effective, caring and well led, services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a range of telephone appointments for patients who found it difficult to attend the surgery due to work commitments.

Requires improvement



Summary of findings

- In addition to telephone appointments, the practice ran a daily telephone triage service to ensure appointments were accessed appropriately.
- The practice was open until 9pm on Thursday evenings.
- The practice was proactive in offering online services such as repeat prescription requests and booking appointments.
- A full range of health promotion and screening was available for patients. For example; alcohol advice and screening, smoking cessation and travel clinics.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, effective, caring and well led, services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective, caring and well led, services to the population it served. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



Summary of findings

Data from the Quality and Outcomes Framework (QOF) for the period 1 April 2014 to 31 March 2015 showed:

- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average of 86% and national average of 84%.
- 93% of patients who had a complex mental health problem, such as schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in their record in the preceding 12 months (CCG average 89% and national average of 88%).

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages in the majority of areas. There were 264 survey forms distributed and of these 117 were returned. This was a response rate of 44% which represented 2% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 57% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 35% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which contained mixed reviews about the practice. Eleven comment cards were positive about the standard of care received. However, seven comments cards contained less positive feedback and a further five comments cards had both positive and less positive feedback. We reviewed the less positive comments and found these to be around continuity of care and access.

We spoke with two patients during the inspection. We received mixed views about the practice, the care received and availability of appointments.

The results of the most recent NHS Friend and Family Test showed that 45% of respondents said they would recommend the practice to friends and family if they needed care or treatment.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the necessary pre-employment checks for all staff are carried out.
- Ensure appraisals are carried out for all staff
- Ensure all areas of the practice which staff and patients require access to are safe and fit for purpose
- Ensure that governance systems and processes are established and operated effectively. This includes systems to share lessons learned from complaints, to act on infection control audit findings and recommendations, to respond to and act on feedback from stakeholders and for succession planning to maintain the level of service provision.

Action the service **SHOULD** take to improve

- Work with the patient group in order improve services and support to patients.
- Continue to monitor tasks undertaken by non-clinical staff. For example; pathology results received by the practice.
- Review, monitor and maintain adequate levels of trained staff to support the running of the service.
- Review their communication arrangements within the practice in order to enable staff to keep up to date with clinical issues and learn from incidents.
- Consider holding regular staff meetings to allow for sharing of information amongst staff, including practice and clinical updates.

Shadwell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Shadwell Medical Centre

Shadwell Medical Centre is located at 137 Shadwell Lane, Leeds, LS17 7BE and is part of Leeds North Clinical Commissioning Group.

The practice is located in one of the most affluent areas of Leeds. It has a patient list size of approximately 5,399 with a higher than national average number of patients aged 45 and over.

The practice is located in a single storey purpose built building with an attic area which is used for storage. The practice is accessible for wheelchairs and has toilets suitable for disabled people.

The service is provided by one GP partner (male) and one silent business partner (female). At the time of our inspection there was a female salaried GP working at the practice. However, it should be noted that the contract had not been signed by the GP to confirm acceptance of the post. The GPs at the practice were supported by two long term locums. Working alongside the GPs was an advanced nurse practitioner, two nurse practitioners, two practice nurses and two health care assistants. The clinical staff are supported by a practice manager and a team of administrative and secretarial staff.

The practice is open from 8.00am to 6pm Monday to Friday. A range of book on the day and book in advance appointments could be accessed during these hours. Patients could access appointments via a telephone consultation or attend the practice in person.

The practice also offered extended hours until 8.45pm on Thursday evenings.

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Personal Medical Services (PMS) are provided under a contract with NHS England.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds North Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed the latest 2014/15 data

Detailed findings

from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (January 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 1 March 2016. During our visit we:

- Spoke with a range of staff, which included a GP partner, a practice nurse, a health care assistant, the practice manager, an administrator and a member of the reception team.
- Spoke with patients about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice used an electronic reporting system to record any incidents.
- Staff told us they would inform the practice manager of any incidents
- There was evidence of investigation and identified learning as a result of incidents. However; we were unable to review any minutes of meetings that could show how the learning had been shared with non-clinical staff. We spoke with two members of the reception/administrative team who told us they had not attended practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of clinical meetings where these were discussed. We saw evidence that lessons were learned and action was taken to improve safety in the practice. For example, an incident had occurred where a patient had walked into the glass partition which separated the porch from the waiting area. As a result of the incident the practice had carried out a risk assessment. This was discussed between the practice manager and senior GP and as a result the practice had positioned laminated notices onto the glass divide to ensure patients are aware of it.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs liaised with relevant agencies and provided information for safeguarding meetings when appropriate. Staff

demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However; at the time of our inspection staff acting in this role had not received appropriate training. We received assurance from the practice manager following our inspection that this had been provided.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We reviewed an IPC audit which was undertaken by Leeds Community Healthcare in 2013 and the practice had conducted a self audit in 2016. However; we saw no evidence that the action plan had been updated and we noted some areas identified in the action plan had not been acted upon. For example; we noted the taps in the clinical rooms were not elbow/wrist mixer taps. We saw non-clinical waste disposed of in sharps bins.
- The practice did not hold a record of hepatitis B status for staff working at the practice. We saw evidence that the practice manager had started to document this information during our second visit to the practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. However, blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use. We saw evidence that this process had been changed during our second visit to the practice. Blank prescriptions had been relocated to a locked cupboard in the practice managers office and a logging system had been introduced.
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- The practice employed two nurse prescribers who could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients without individual prescriptions. We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However; at the time of our inspection the practice could not provide assurance that the two long term GP locums working at the practice had up to date registration with the General Medical Council, or evidence of medical indemnity insurance. This information was provided following our inspection.
- The practice had no evidence of disclosure and barring service (DBS) checks for two of the clinical staff working at the practice. The practice has since provided evidence that these have been successfully completed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing some risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- We saw areas of the practice that posed risks to both staff and patients. For example; the practice had a disabled toilet which had no alert to highlight if a patient was in distress or had collapsed. We were informed on the day of the inspection that the toilet was only checked at the end of each day.
- Patients' paper medical records were stored in the attic area of the practice. Access could only be gained to these by climbing onto a chair and over a roof support.
- We had concerns regarding the staffing levels within the practice and how cover would be provided in the event of absence. During the inspection we identified that one full time staff member was due to begin an extended period of leave but that no replacement had been trained to cover the role in their absence. In addition, we noted concerns regarding the workload of the salaried GP.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

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

The practice had a comprehensive 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 95% of the total number of points available, with 7% exception reporting (CCG and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The QOF data for the practice was variable when compared with other practices in the CCG or nationally, with the practice performing better than others in some areas but less well in others. We discussed this with the practice during our inspection and were informed this was during a period when the practice were facing major recruitment issues and had been advised to suspend chronic disease management.

Data from the QOF for the period 1 April 2014 to 31 March 2015 showed:

- Performance for some diabetes related indicators was lower than the CCG and national averages. For example, 74% of patients on the diabetes register had a recorded foot examination completed in the preceding 12 months; CCG average 87% and England average of 88%.

- The percentage of patients with hypertension having regular blood pressure tests was 75% which was lower than the CCG average of 82% and national average of 84%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months; CCG average 88%, England average 90%.
- 100% of patients with asthma (aged between 14 and 20 years) had a record of smoking status in the preceding 12 months; CCG average 89% and England average 88%)/

Clinical audits demonstrated quality improvement.

- We reviewed two completed clinical audits completed in the last 12 months. The audits demonstrated where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit looking at statin prescribing for patients who were identified as at risk of cardiovascular disease. The practice conducted quarterly audits to identify these patients and ensure NICE guidance was followed.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However; staff appraisals had not been carried out.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- At the time of our inspection a number of non-clinical staff were due to leave the practice. The administrator was due to go on maternity leave, the practice manager was working their notice period and another administrator had expressed an interest in a social prescribing role which would involve dedicating 11.5 hours of their time, this would be outside the scope of the administrative role. We received confirmation that a new practice manager had been appointed following our inspection, however; the practice could not show how they intended to respond to changes with administrative staff and how they would assure patients of continuity of service.
- We noted concerns regarding the workload of the salaried GP.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice employed two healthcare assistants who were able to offer patients screening services such as blood tests, spirometry and electrocardiogram (ECG). ECGs record electrical activity in the heart.
- The practice offered contraceptive checks, sexual health screening and cervical cytology.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 95% and five year olds from 91% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 23 comment cards which contained mixed views about the practice. Eleven comment cards were positive about the standard of care received. However, seven comment cards contained less positive feedback and a further five had both positive and less positive feedback. We reviewed the less positive comments and found these to be around continuity of care and access.

We spoke with two patients during the inspection. We received mixed views about the practice, and availability of appointments.

Results from the national GP patient survey showed some patients felt they were treated with compassion, dignity and respect. However, the practice was significantly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 60% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

We discussed the results with the lead GP and practice manager who advised us that the poor satisfaction levels could be associated with the retirement of three long standing partners and subsequent staffing issues as a result of this.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The choose and book service was used with all patients as appropriate. This enables patients to choose to receive secondary care treatment at a hospital or clinic of their choice.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Thursday evenings until 8.45pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was proactive in offering online services such as repeat prescription requests; booking and cancelling appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities; however the disabled toilet had no alarm to highlight if a patient was in distress.
- Translation services were available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with a range of appointments being offered between these times. Extended hours appointments were offered from 6pm to 8.45pm on Thursday evenings. In addition to book on the day appointments, patients could also book appointments up to four weeks in advance. Patients could access telephone appointments and urgent appointments were also available for people that needed them.

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

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.

- 53% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% national average of 73%).

We discussed the results with the practice on the day of our inspection and they told us they had introduced online services to enable patients to book and cancel appointments.

We spoke with two patients on the day of our inspection. One person told us that they were able to get an appointment on the day they needed one, however one person told us they could sometimes have to wait up to three weeks. We reviewed the appointment system during our second visit to the practice and saw that telephone appointments were available the following day. However; bookable appointment to attend the practice was three weeks away.

We discussed the appointment system with the practice on the day of our inspection and they told us they had introduced the Nurse Practitioner triage service in an attempt to improve access for patients.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We reviewed the complaints summary for the last 12 months and saw the practice had received 12 complaints.

Are services responsive to people's needs?

(for example, to feedback?)

We saw the complaints had been responded to appropriately and action the practice had taken was documented. However, we saw no evidence that lessons had been learned and shared with staff.

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 vision to deliver high quality care and promote good outcomes for patients. However; during our inspection it was clear from the comment cards received and results of the patient survey, that the practice was struggling to ensure that patients' needs were addressed and that the patients' perspective was understood.

The practice had undergone major changes within the previous two years, with three long standing GP partners retiring. We were informed that the practice was considering to re-launch the practice with a new name in order to demonstrate to patients and other stakeholders that they were making positive changes.

Governance arrangements

We received information of concern from a number of sources regarding clinical roles being undertaken by reception and administrative staff. We carried out a review of the clinical system and found that for a period of time in 2015 some pathology results, which had been returned from the laboratory as normal, had been filed by a non clinical member of staff with no GP oversight. However, we saw during our second visit that this practice had been discontinued, and that all such results were now appropriately reviewed by a GP before being filed.

Practice specific policies were implemented and were available to all staff.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

There were risk assessments in place; however we found areas of risk to both staff and patients which had not been assessed at the time of our inspection. For example

- the practice had a disabled toilet which had no alarm to highlight if a patient was in distress. We were informed on the day of the inspection that the toilet was only checked at the end of each day.
- Patients' paper medical records were stored in the attic area of the practice. Access could only be gained to these by climbing onto a chair and over a roof support.

At the time of our inspection a number of non-clinical staff were due to leave the practice. The administrator was due to go on maternity leave, the practice manager was

working their notice period and another administrator was dedicating 11.5 hours of their time to a social prescribing role, which was outside the scope of the administrative role.. The practice was not able to demonstrate their plans to replace these lost hours.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us they felt fully supported by the practice manager and were able to approach them with any issues.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place with the majority of decisions ultimately being made by the lead GP.

Staff told us they had not attended any practice meetings and staff appraisals had not been carried out.

When discussing patient satisfaction results with the lead GP and practice manager we were advised that the poor satisfaction levels could be associated with the retirement of three long standing partners and subsequent staffing issues as a result of this.

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

The practice had gathered limited feedback from patients through the patient participation group. However; at the time of our inspection there were only three active members on the group.

The practice did not have mechanisms for gaining feedback from staff. The practice had not carried out annual appraisals with staff and there were no meetings held with non-clinical staff.

Continuous improvement

While the practice was engaged with a programme of clinical audit to monitor and improve patients care, there was no overall plan to evaluate and ascertain how they were going to improve services.

Are services well-led?

Requires improvement 

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

When reviewing the summary of complaints we saw no evidence that lessons had been learned and shared with staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff employed by the service provider were not being provided with support through an appraisal process. This was in breach of regulation 18 (2)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The premises used by the service provider must be suitable for the purpose for which they are being used. The practice had a disabled toilet which had no alarm to highlight if a patient was in distress. Patients' paper medical records could only be accessed by staff by putting themselves at risk of injury. This was in breach of regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Systems and processes were not established and operated effectively to ensure compliance with the requirements in this part.

There was no system in place to evaluate and improve the practice and the services they provided. Lessons learned from complaints received were not shared with staff and action plans generated as a result of infection control audits had not been followed through.

There was no system in place to demonstrate the provider was responding to and acting on feedback from patients on the services provided.

The provider had no system in place to assess or mitigate the risks associated with staff known to be leaving the organisation. There were no succession plans in place to maintain the level of services provided.

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