

Riverbank 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverbank Medical centre on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of governance arrangements for the management of infection control and the absence of a fire risk assessment. The practice notified us with 48 hours that this had been updated, a fire risk assessment and an infection control audit had been completed.
- The practice had safe and effective systems for the management of medicines, which kept patients safe. However prescription pads were not stored securely and vaccines fridges were left unlocked. The practice took immediate steps to improve this by completing a risk assessment and arranging for all doors to be fitted with coded locks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, the training record showed that not all staff had received updated mandatory training in safeguarding, basic life support and the Mental Capacity Act. The practice notified us with 48 hours that this had been updated and all training had been booked in to be completed by June 2016. The practice confirmed they had also arranged for administrative staff to undertake further customer service training including telephone skills and handling difficult situations. This was booked in for July 2016.
- All staff had received an appraisal but we found some had not been completed within the past 12 months. The practice notified us with 48 hours that this had been updated and all staff had a date booked in to be completed by July 2016.
- Recruitment procedures and checks were completed to ensure that staff were suitable and competent. However, some records were not fully complete and had information missing. For example photographic

Summary of findings

identification and disclosure and barring service checks (DBS). The practice notified us with 48 hours that this had been updated and all files were up to date and DBS checks had been applied for.

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP, although some found it difficult to get through on the telephone. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to improve telephone access. The last patient survey showed only 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- Continue with improving services provided to military veterans to ensure they are in line with the military veteran's covenant.
- Review how audit processes are established to ensure an on-going audit programme is in place to show that continuous improvements have been made to patient care in a range of clinical areas as a result of multi cycle clinical audits.

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 good for providing safe services. Some issues regarding safety were identified on the day of the inspection. The practice responded positively and promptly and evidenced that improvements had been made, supporting information of compliance was provided by the practice within 48 hours of the inspection.

Good



- There was an effective system in place for reporting and recording significant events and Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff received safeguarding training but some had lapsed. The practice took immediate steps to rectify this and all staff had update training for safeguarding due to be completed by June 2016.
- Risks to patients were assessed and well managed, with the exception of governance arrangements for the management of infection control and the absence of a fire risk assessment. The practice provided evidence to us with 48 hours that this had been updated; that a fire risk assessment and an infection control audit had been completed; and that ongoing monitoring and review was being implemented.
- The practice had safe and effective systems for the management of medicines, which kept patients safe. However, blank prescription pads were not stored securely and vaccines fridges were left unlocked. The practice took immediate steps to improve this by completing a security risk assessment and all doors to rooms where prescription pads could be accessed were fitted with coded locks.
- Recruitment procedures and checks were completed to ensure that staff were suitable and competent. However, some records were not fully complete and had information missing. For example photographic identification and disclosure and barring service checks (DBS). The practice notified us with 48 hours that this had been updated and all files were up to date and the required DBS checks had been applied for.

Summary of findings

- The practice was clean, tidy and hygienic. The cleanliness of the practice was maintained to a good standard.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, the training record showed that not all staff had received updated mandatory training in safeguarding, basic life support and the Mental Capacity Act. The practice notified us within 48 hours that this had been updated with all training booked in to be completed by July 2016; and further confirmed to us that this had been completed in October 2016. The practice confirmed they had also arranged for administrative staff to undertake further customer service training including telephone skills and handling difficult situations. This was booked in for July 2016.
- All staff had received an appraisal but some were overdue. The practice notified us within 48 hours that all staff appraisals had been scheduled by July and all appraisals had been completed by November 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the provision of extended hours every Thursday from 630pm to 830pm.
- Patients said they found it easy to make an appointment with a named GP, although found it difficult to get through on the telephone. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had responded to requests from external groups, charities and organisations to use rooms at the surgery. As a result patients were able to access and be referred to services including, for example a retinal screening service, dietitian, maternity services, and an aortic aneurism screening service.
- Patients could also access services from the community midwives, health visitors and district nurses at the practice. This helped foster effective communication.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a stable, cohesive staffing structure which clearly identified roles and responsibilities within a non-hierarchical organisation.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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 and urgent appointments for those with enhanced needs.
- Systems were in place for avoiding unnecessary admissions of patients aged over 75 years. This included ensuring care plans were in place for patients most at risk of admission, the sharing of common health records with community care teams and acting on hospital discharges within 48 hours.
- The GPs provided a primary medical service to patients who lived in a local care home in the area this included a visit every two weeks to complete a proactive 'ward round' of all patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- 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. Specific clinics were held for particular illnesses such as asthma, and diabetes.
- Enhanced clinics for patients diagnosed with diabetes were held as well as clinics in conjunction with the hospital diabetes specialist nurse when required.
- 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme between April 2015 and March 2016 was 79%, which was comparable with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- 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.
- The practice had a dedicated midwife who attended the practice weekly.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Routine appointments were available to book up to four weeks in advance (via the practice or online).
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group, allowing them to book appointments, request repeat prescriptions, or access summaries of their medical records.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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. For example, the practice participated in Gemini Refuge, the local delivery of a national scheme to support patients experiencing domestic abuse.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice reviewed the health of those patients that were recognised as carer's. These patients were signposted to other outside agencies for additional support as needed.
- The practice was working to identify military veterans and ensure they received appropriate support. 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. All staff had been booked in for updated training in the principles of the Mental Capacity Act 2005.
- The practice had a hearing aid induction loop for patients with difficulty hearing and were able to provide communication in large print for those who required it.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Data from 2014/15 showed:

- 69% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%. The practice had responded to this by engaging a Community Care Advisor to review care plans for housebound patients with dementia, as part of a targeting system run by the Dementia Lead.'
- 57% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in the last 12 months, which is below the national average of 88%. We spoke to the practice who told us they had changed their approach and a recall system had been put into place to engage patients with their physical and mental health. For example, patients were offered an appointment with the 'Healthy Heart Advisor'

Good



Summary of findings

to have full bloods tests and cardiovascular risk factors checked; followed by a 20 minute appointment with a GP to review their care. We saw evidence of an improvement in the number of patients attending reviews and that another full audit was planned for March 2017.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 247 survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the 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 national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received twenty three comment cards, of which twenty one were positive about the standard of care received. Two were negative about the ability to get through to the practice by telephone.

We spoke with eight patients during the inspection and all eight said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice took part in the Friends and Family Test survey. During August 89% of patients who responded advised they would be extremely likely / likely to recommend the practice to family and friends.

Riverbank 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 Riverbank Medical Centre

Riverbank Medical Centre is located in the town of Weston Super Mare in North Somerset.

The practice has an NHS England personal medical services (PMS) contract to provide health services to approximately 9700 patients. The practice is open from 8.15am to 6.30pm Monday to Friday. In addition, pre-bookable appointments can be booked on line and up to four weeks in advance. Telephone appointments are also available with additional slots for GPs to see these patients if required. Extended hours appointments are available every Thursday from 6.30pm to 8.30pm.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hour's provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

The mix of patient's gender (male/female) is 49% male and 51% female and 2.3% of the patients are aged over 85 years which is the same as the national average. The practice has a higher percentage of patients aged under 18 years, 23% compared to the national average of 21%. There was no data available to us at this time regarding ethnicity of

patients but the practice stated that the majority of their patients were white British. The deprivation score was recorded as eight, on a scale of 1 to 10. One being more deprived and 10 being less deprived.

There are a total of seven GPs working at the practice. This equates to just over 4.5 whole time equivalent GPs. Two of the GPs are partners who hold managerial and financial responsibility for running the business and are supported by five salaried GPs. There are three female GPs and four male GPs in total. The GPs are supported by a practice manager, one nurse practitioner, two practice nurses, three health care assistants, one phlebotomist and additional administration and reception staff.

This report relates to the regulatory activities being carried out at:

Riverbank Medical Centre

Walford Avenue

Weston Super Mare

North Somerset

BS22 7YZ

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. However, clear learning and action was not always completed. The practice responded proactively to our feedback and has since improved their processes for recording and review. For example, arrangements were made to close all significant events with clearly described improvements, outcomes and reviews in clinical meetings; with learning shared in monthly whole practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient was given the incorrect vaccine. Immediately the error was realised the practice took steps to ensure the patients wellbeing and the patient was notified and reassured. The practice sought advice from several different sources and no harm came to the patient. The patient was kept informed at every step and were happy with how the practice had reacted to the error. The incident was discussed with all clinical staff and immediately following this a new failsafe protocol was put into place.

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 attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. However, they had not received up to date training for this lead role; and no infection control audit had been completed. We spoke to the practice who, within 48 hours of the inspection, provided evidence that training had been organised within the next month; a visit from the lead nurse advisor from the local medical committee had been arranged; and the audit had been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and disposal). However, we saw that fridges containing vaccines were not kept locked. We spoke to the practice who, within 48 hours of the inspection, provided evidence that arrangements were in place to ensure fridges were locked and all rooms would have coded door locks fitted.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were not always kept securely as not all were locked away. The practice took steps to ensure this was rectified within 48 hours of the inspection through a risk assessment of all areas and by arranging for all doors to have coded locks fitted. There were systems in place to monitor the use of blank prescription pads.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. Recruitment procedures and checks were completed to ensure that staff were suitable and competent. However, some records had information missing, for example photographic identification and disclosure and barring service checks (DBS). We spoke to the practice who, within 48 hours of the inspection, provided evidence that all files were up to date and, where appropriate, DBS checks had been applied for.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However, the practice did not have an up to date fire risk assessments and staff training had not been refreshed. We spoke to the practice who, within 48 hours of the inspection, provided evidence that mandatory training for all staff had been initiated; and a fire risk assessment had been completed.

- 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).
- 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 enough staff were on duty.

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.
- Not all staff had received annual basic life support training. We spoke to the practice who, within 48 hours of the inspection, provided evidence that training for all staff was booked within the next six weeks. Emergency medicines were available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 were 88% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients with a diagnosis of diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was within normal range (01/04/2014 to 31/03/2015) was 78% which was similar to the national average of 81%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was consistent with the national average of 84%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk clarification within the preceding 12 months (01/04/2014 to 31/03/2015) was 88% which was lower than the local average of 90% and the same as the national average of 88%.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF) (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common

long-term conditions and for the implementation of preventative measures). For example, we saw audits had been completed for patients who took blood thinning medicines, patients who had heart failure and those fitted with a contraceptive coil. Whilst the audits were robust not all were completed cycles with learning and actions defined improvements.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice were introducing a new 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 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. Records showed that not all staff training was up to date. We spoke to the practice who, within 48 hours of the inspection, provided evidence that they had reviewed training records and put in place training updates for all staff that required them.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Administration and office staff had developed their skills in order to perform various tasks within the practice so they were able to cover for sickness absence, annual leave or if the practice experienced a higher work load in a specific area. They had also undertaken specific training in customer care, in how to deal with difficult situations and telephone training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal but some were overdue. We spoke to the practice who, within 48 hours of the inspection, provided evidence that all staff had a date to discuss their performance. These appraisals had been scheduled to be undertaken by the end of July 2016 and all appraisals were completed by November 2016.

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 on a monthly basis 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 were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 77% and the national 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 clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 99% compared to CCG values of 83% to 98% and five year olds from 87% to 99% compared to CCG of 93% to 99%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.

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

We spoke with three members of the patient participation group (PPG). 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had satisfaction scores on consultations with GPs and nurses that were in line with local and national averages. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 96% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 226 patients as carers (2.3% of the practice list). A member of staff acted as a carers' champion to ensure that the various services supporting carers were coordinated and effective. For example, they were responsible for arranging carers' packs and information for patients. Information was available within the packs 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice was working with their staff to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country, in line with the national Armed Forces Covenant 2014.

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 every Thursday from 6.30pm to 8.30pm 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice is open between 8.15am and 6.30pm Monday to Friday. In addition, pre-bookable appointments can be booked on line and up to four weeks in advance. Telephone appointments are also available with additional slots for GPs to see these patients if required. Extended hours appointments are available every Thursday from 6.30pm to 8.30pm.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- However, 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We spoke to the practice who told us they were exploring ways to improve telephone access. For example, they had upgraded the telephone system to increase capacity for calls; and reduced demand by increasing the online availability of appointments by 25%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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 looked at 12 complaints received in the last in a twelve month period in 2015/16 and found the practice had recorded negative feedback from friends and family comments, verbal feedback and formal complaints. We saw that all complaints had been satisfactorily handled and been dealt with in a timely way, with openness and transparency. Patients were given apologies where appropriate and kept informed at all stages of the complaint. Lessons were learnt from individual concerns and complaints and shared with all staff. The practice saw complaints as an opportunity to improve the quality of care. For example, a patient made a complaint about the charges made for a private letter written by the GP. The system and charges were fully explained to the patient, an apology given for any misunderstanding that may have occurred and all staff were made aware to be clear of charges and the procedure to be followed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, as outlined within this report, there were areas requiring improvement, such as oversight of appraisals, training, recruitment records and health and safety.

There were structures and procedures in place which ensured that:

- There was a stable, cohesive staffing structure which clearly identified roles and responsibilities within a non-hierarchical organisation.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Where we found some gaps in implementation, these were addressed within 48 hours of the inspection.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had a presence every Friday at the practice hosting the book stall. The PPG met every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients showed their concern about difficulty in accessing appointments by telephone. The practice responded to this by upgrading their telephone system and by increasing the online availability of appointments by 25%. This was ongoing and being kept under review.

Are services well-led?

Good 

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and said the practice manager empowered staff to develop and improve the service. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice and trained doctors at foundation level.