

Phoenix Medical Group

Quality Report

Dunelm Rd,
Thornley,
Durham,
DH6 3HW
Tel:01429 820235
Website: www.drmahtoandpartners.co.uk

Date of inspection visit: 2 February 2016
Date of publication: 13/04/2016

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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Phoenix Medical Group	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	18

Overall summary

Letter from the Chief Inspector of General Practice

We carried out this comprehensive inspection on 2 February 2016.

Overall, we rated this practice as good.

Our key findings were as follows:

- The practice provided a good standard of care, led by current best practice guidelines. Clinical audits were used to identify where patient outcomes could be improved.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned. Staff could access a variety of training including in-house and through the Clinical Commissioning Group (CCG). Clinical staff could access protected learning time.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- The practice did not always have sufficiently robust recruitment procedures and checks in place for staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice actively reviewed their performance in the management of long term conditions, and how these services were provided, for instance to minimise the number of times a patient needed to attend.
- There was a clear leadership structure and staff felt supported by management. Staff felt confident in their roles and responsibilities.

The areas where the provider must make improvement are:

- Ensure appropriate recruitment checks and risk assessments are undertaken as part of the process to employ members of staff.

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. Staff understood their roles and responsibilities in raising concerns, and reporting incidents. Lessons were learned from incidents, and we found evidence that incidents had been reported, discussed and reflected upon. The practice had assessed risks to those using or working at the practice, but not all risks were kept under review. There were sufficient emergency and contingency procedures in place to keep people safe. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. However, the practice did not always have sufficiently robust recruitment procedures and checks in place for staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed that the practice performed at or above Clinical Commissioning Group averages. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice was proactive in promotion of good health and patient involvement. Patients with some long term conditions were given individual care or management plans and staff communicated within multi-disciplinary teams to manage complex conditions. Staff were supported within their roles to develop their skills, through a system of protected learning time, appraisals, and identified learning needs.

Good



Are services caring?

The practice is rated as good for providing caring services. We observed a patient-centred culture and staff promoted this as the ethos of the practice. Staff were motivated and inspired to offer kind and compassionate care. In national patient surveys, some practice scores for how caring patients found the practice, and how involved they felt in their treatment, were below average compared to local and national survey results. However, we did not receive negative feedback in these areas on the day. Patients said they were treated with care and concern.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had a good overview of the needs of their local population, and was proactive in engaging with the Clinical Commissioning Group (CCG) to secure service improvements. The practice had

Good



Summary of findings

sufficient facilities and was well equipped to meet patients need. Information was provided to help patients make a complaint, and there was evidence of shared learning with staff. The majority of feedback was positive around access to the service. The practice actively monitored patient satisfaction and had introduced changes as a result, such as later opening and Saturday morning appointments.

Are services well-led?

The practice is rated as good for being well-led. The practice had aims and objectives, and an understanding of the areas they wished to improve. Staff were familiar and engaged with the values and ethos of the practice. The practice had an active Patient Participation Group (PPG) and was able to evidence where changes had been made as a result of PPG and staff feedback. Staff described management staff as available and approachable, and said they felt highly supported in their roles. The practice had a number of policies and procedures to govern activity and held regular staff and management meetings. There were systems in place to monitor and improve quality and identify risk, although not all risks were kept under review.

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 held palliative care and multi-disciplinary meetings regularly to discuss those with chronic conditions or approaching end of life care. These patients were given priority access for appointments. Care plans had been produced for those patients deemed at most risk of an unplanned admission to hospital. Information was shared with other services, such as out of hours services and district nurses. Nationally returned data from the Quality and Outcomes Framework (QOF) showed the practice had good outcomes for conditions commonly found in older people. The over 75's had a named GP, and were offered an annual review and health check.

Vulnerable patients living in care homes, housebound or at high risk of admission were cared for by a GP in conjunction with Advanced Nurse Practitioners (ANPs) as a Federation initiative through the CCG to ensure the needs assessment of vulnerable patients remained up to date. GP's and ANP's visited care homes to review care plans as part of an enhanced service to avoiding Unplanned Admissions and also review the patients face to face. The practice provided carer health checks.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. Long term clinics were implemented flexibly so patients with more than one condition did not have to attend multiple times.

Staff skill mix had been reviewed and was mapped to patient need. People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. Outcomes were monitored through clinical audits. Nurses and GPs worked collaboratively, and communicated closely with external staff such as specialist nurses. Reminders were sent prior to health check appointments and attempts made to contact non-attenders. Data showed the practice was proactive in managing long term conditions. Diabetes indicators were all above national averages. For instance QOF data from 2014-15 showed that the percentage of patients with diabetes having received a flu vaccination was 98.08%, above the national average of 94.45%.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. Systems were in place to identify children who may be at risk. The practice monitored levels of children's vaccinations and attendances at A&E. Regular multidisciplinary meetings were held to review children on the safeguarding register. Immunisation rates were around average for all standard childhood immunisations. Patients could access weekly antenatal, well baby and child immunisation clinics. The under-five's had protected appointment slots with same day access to a GP. Young people could access family planning and sexual health advice. The smoking cessation advisors were trained to help all ages and could see children from 13 years old.

Good



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 population had been identified, and services adjusted and reviewed accordingly, for instance extended hours appointments were available later in one evening. Patients could also access a Saturday morning surgery at the main site. Appointments could be booked 6-8 weeks in advance if necessary. Patients could access a variety of services during these times, such as NHS health checks and contraceptive services. Routine appointments could be booked in advance, or made online. Repeat prescriptions could be ordered online. Telephone appointments were available. The practice carried out health checks for people of working age, and actively promoted screening programmes such as for cervical cancer.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a register of those who may be vulnerable, including those with learning disabilities, who were offered annual health checks and extra support. The practice had considered the needs of travelling families within their area. Patients or their carers were able to request longer appointments if needed. The practice had a register for looked after or otherwise vulnerable children and also discussed regularly any cases where there was potential risk or where people may become vulnerable. The computerised patient plans were used to flag up issues where a patient may be vulnerable or require extra support, for instance if they were a carer. Carers could then be signposted to support organisations. Staff were aware of their responsibilities in reporting

Good



Summary of findings

and documenting safeguarding concerns. New patients who may be vulnerable were identified through health checks and screening questionnaires. The practice facilitated a Citizens Advice Bureau service which patients could access within the building.

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). The practice made referrals to other local mental health services as required, and worked with other services such as the substance misuse team, and the Crisis Team. Patients with severe mental health issues were coded on their records so they could be offered extra support to access services and health checks.

The practice was proactive in dementia screening and review, and had recently carried out a dementia audit to ensure patients were identified correctly and offered appropriate support. For instance, QOF data showed in 2014-15, the percentage of patients with dementia who had received a face to face review in the last 12 months was above the national average of 83.82%, at 87.93%. Patients could access counselling services on site, including on Saturday mornings where required.

Good



Summary of findings

What people who use the service say

In the latest NHS England GP Patient Survey, 302 surveys were sent out and 126 responses received. This represented approximately 1.7% of the practice population. The survey showed the following:

What this practice does best

94% of respondents found it easy to get through to this surgery by phone

Local (CCG) average: 79% National average: 73%

71% of respondents with a preferred GP usually got to see or speak to that GP

Local (CCG) average: 61% National average: 59%

97% of respondents said the last nurse they saw or spoke to was good at listening to them

Local (CCG) average: 95% National average: 91%

What this practice could improve

71% of respondents said the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: 90% National average: 87%

72% of respondents said the last GP they saw or spoke to was good at listening to them

Local (CCG) average: 91% National average: 89%

69% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care.

Local (CCG) average: 85% National average: 82%

We spoke with six patients as part of the inspection. We also collected 11 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

Almost all patient feedback and comment cards indicated patients were happy with the service provided. Patients said they were treated with dignity and respect, and given sufficient time during appointments. Patients said staff were pleasant, flexible and helpful. Patients said that the facilities at the practice were good, and they were confident with the care provided, and were involved in their treatment options, and had received swift referral and treatment where necessary.

Areas for improvement

Action the service MUST take to improve

- Ensure appropriate recruitment checks and risk assessments are undertaken as part of the process to employ members of staff.

Phoenix Medical Group

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 specialist advisor GP, and a Practice Manager.

Background to Phoenix Medical Group

Phoenix Medical Group provides personal medical services (PMS) to approximately 7,500 patients in the catchment area of Thornley, Wheatley Hill, Kelloe and surrounding villages. The main practice site is at Dunelm Rd, Thornley. There are also two other branch sites at Wheatley Hill and Kelloe, which were not inspected as part of this inspection. The practice is situated in the Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) area. The practice team consists of two partner GPs, both male, two advanced nurse practitioners, three practice nurses, and two healthcare assistants. These are supported by a practice manager, and a team of reception, and administrative staff.

The practice core hours are between 8am and 6pm on Mondays to Fridays, 8am until 12noon, alternating on opposite weeks to 6pm with one of the branch surgeries. Additional extended hours are available for pre-booked appointments between 6pm and 8pm on Mondays. Patients can also access either pre-booked or walk-in appointments on Saturday at the main surgery site from 8:30am-12:30pm.

The practice has higher levels of deprivation compared to the England average. There are higher levels of people with daily health problems, and claiming disability living allowance. The practice has opted out of providing Out of Hours services, which patients access via the 111 service.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

Detailed findings

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

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection.

We carried out an announced inspection on 2 February 2016.

We reviewed all areas of the main surgery site, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with management staff, GPs, nursing staff, and administrative, dispensing and reception staff.

We observed how staff handled patient information received from the out-of-hours' team and patients ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning

Safety was monitored using information from a range of sources such as National patient safety alerts (NPSA), which were disseminated to staff. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate. Staff said they felt encouraged to report incidents. Significant events were discussed and analysed regularly, with learning points and action plans recorded.

We looked at recorded summaries and analysis of incidents from the previous 12 months. There was an open and transparent approach and a system in place for reporting and recording significant events, although at times the level of information recorded could be more detailed. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The practice carried out reviews of all incidents and discussed these regularly in meetings.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There were lead members of staff for children's and adult's safeguarding. The practice participated in joint working arrangements and information sharing with other relevant organisations including health visitors and the local authority. This included the identification, review and follow up of children, young people and families living in disadvantaged circumstances, including children deemed to be at risk. Staff demonstrated they understood their responsibilities and had received training relevant to their role. Computerised patient notes were coded to flag up safeguarding concerns.
- A notice in the waiting room advised patients that they could request a chaperone. All staff who acted as chaperones were trained for the role.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control clinical lead. There was an infection control protocol in place and staff had received training. An infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Although prescription numbers were logged, rooms and drawers where they were stored were not always kept locked, posing a theft risk.
- We reviewed personnel files and found that appropriate recruitment checks were not always 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. (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). We found one example where a member of clinical staff did not have a DBS check in place, in accordance with guidance. There was no risk assessment in place to assess which staff should have received a DBS check. We found three examples where references had either not been requested, or had not been followed up when they were not received.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and procedures available. 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 also had a variety of other risk assessments in place to monitor safety of the premises, although these were not always kept under review. For instance, a fire risk assessment from 2011 detailed corrective

Are services safe?

actions required, but the practice had not kept a record of which actions had been completed. Some water testing had been carried out but there was no legionella risk assessment in place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff said their team levels were sufficient to provide services and cover for annual leave or busy periods.

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 basic life support training. The practice had a defibrillator available on the premises and oxygen, all of which was checked and serviced regularly.
- There were emergency medicines available, although not every item as recommended by British National Formulary guidelines. There was no risk assessment in place to provide a rationale for stocking or not stocking items.
- 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs, including how these linked to personalised care plans and specific templates for care. NICE guidance was disseminated through email, team meetings or clinical supervision, and ensured staff were aware of information relevant to them.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2014-15 the practice achieved 99.6% of the total number of points available, and had achieved 100% in 2013-14.

Data from 2014-15 showed;

- Diabetes indicators were all above national averages. For instance the percentage of patients with diabetes having received a flu vaccination was 98.08%, above the national average of 94.45%.
- The percentage of patients with dementia who had received a face to face review in the last 12 months was above the national average of 83.82%, at 87.93%.
- The percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months was 93.75%, above the national average of 75.35%.

The practice participated in applicable local audits, and national benchmarking. Clinical audit findings were used by the practice to improve patient care, for instance a review of how patients with dementia or at risk were recorded on the system. This helped identify patients and meant they could be offered the correct review or service such as memory testing.

Nursing staff implemented long-term condition clinics flexibly, for instance by combining appointments for patients with multiple conditions. This minimised the number of times patients had to attend the practice.

The practice had identified their most vulnerable patients, who were at risk of an unplanned admission to hospital, and had produced care plans for these. These were regularly reviewed and discussed, for instance after an admission, to ensure they were accurate and addressed the needs of those patients. Regular multi-disciplinary meetings were held to discuss the needs of patients, for instance those on the unplanned admissions register, requiring palliative care, or with long-term conditions to ensure their needs assessment remained up to date. Vulnerable patients living in residential units, the housebound or at high risk of admission were cared for by a GP in conjunction with Advanced Nurse Practitioners and district nurses. This was a CCG initiative to ensure the needs assessment of vulnerable patients remained up to date.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as health and safety, information management and confidentiality. New members of staff were given additional support and mentoring and subject to a probationary period and reviews.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, although some staff were currently overdue for their appraisals. Staff felt well supported and could access protected learning time.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

Are services effective?

(for example, treatment is effective)

- Staff received basic training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, further role specific training, and protected time provided through the CCG.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. Information was sent electronically to out of hours services.
- The practice had a comprehensive recall system with required timescales and investigations.
- Staff had processes to follow on receiving results to ensure these were entered onto the patient record in a timely fashion and necessary actions were taken according to the result.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis, where people with long term conditions, at risk of admission and requiring palliative care were discussed to ensure their needs assessment and care plans were kept up to date.

Consent to care and treatment

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

- Staff understood and had been trained in 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 Advanced Nurse Practitioner (ANP) assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment using templates on the patients record.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation. Patients were then signposted to the relevant service. The percentage of patients in a risk group, such as those with diabetes, receiving flu vaccinations were above national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Newly registered patients were allocated a named GP and offered an appointment for a consultation and screening questionnaires to identify, for instance, patients who may be vulnerable.
- Immunisation rates were around average for all standard childhood immunisations. Antenatal clinics were held weekly, and patients could access weekly contraception and sexual health clinics.
- The practice's uptake for the cervical screening programme was 87.34%, above the national average of 81.88%. Patients who did not attend for their cervical screening test were sent reminders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was above the national average of 86.04%, at 91.3%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

In the latest NHS England GP Patient Survey of 126 responses, patient satisfaction was generally similar to local and national averages for instance:

- 97% of respondents said the last nurse they saw or spoke to was good at listening to them

Local (CCG) average: 95% National average: 91%

Although some results were slightly lower than average:

- 71% of respondents said the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: 90% National average: 87%

- 72% of respondents said the last GP they saw or spoke to was good at listening to them

Local (CCG) average: 91% National average: 89%

We spoke to six patients as part of the inspection. We also collected 11 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

The vast majority of feedback we collected indicated patients were satisfied with the service provided. Patients said they were treated with dignity and respect, and that staff were pleasant and friendly.

Patients said they were confident with the care provided, and that staff took the time to listen to them.

Doctors could refer patients to local counselling, or mental health services. Bereavement packs were sent to relatives of patients who had passed away, and the content of these had been recently altered after feedback from the Patient Participation Group (PPG). The practice kept registers of groups who needed extra support, such as those receiving palliative care and their carers, and patients with mental health issues, so extra support could be provided.

There was a room available where patients could request to speak with a receptionist in private if necessary. We observed that reception staff maintained confidentiality as far as possible. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were used in

treatment and consulting rooms to maintain patients' privacy and dignity during investigations and examinations. There was a chaperone policy and guidelines for staff, and information available on this in reception. Trained staff acted as chaperones where requested.

Care planning and involvement in decisions about care and treatment

The latest NHS England GP Patient Survey of 126 responses showed some results which indicated that patients were less happy with how they were involved in their treatment. For instance:

- 75% said the last GP they saw or spoke to was good at explaining tests and treatments

Local (CCG) average: 89% National average: 86%

- 69% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care.

Local (CCG) average: 85% National average: 82%

- 73% said the last GP they saw or spoke to was good at treating them with care and concern

Local (CCG) average: 89% National average: 85%

However, we did not receive negative feedback around this on the day. The templates used on the computer system for people with long term conditions supported staff in helping to involve people in their care, and staff updated these to reflect latest guidance. Nursing staff provided examples of where they had discussed care planning and supported patients to make choices about their treatment, including referral to specialist or community nursing staff.

Patients we spoke to on the day of our inspection, and comment cards received, told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. They said they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Staff told us there was a translation service available for those whose first language was not English. There was a hearing loop at reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area, and had recognised the needs of different groups in planning its services, such as participating in a pilot for a local suicide prevention programme.

Telephone consultations, pre-bookable or extended hours appointments were available, to assist those who would otherwise struggle to access the surgery, for instance the working population. Children under the age of five had same day access to a GP. Vulnerable patients or those at high risk of admission were identified on their notes so could be offered appropriate access at the first point of contact. Longer appointments could be made available for those with complex needs.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The building accommodated the needs of people with disabilities, incorporating features such as level access, accessible toilet facilities and automatic doors. Treatment and consulting rooms were on the ground floors. Disabled parking spaces were available in the car park outside.

Access to the service

Information was available to patients about appointments on the practice website and patient leaflet. This included how to arrange urgent appointments and home visits and how to book appointments. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Appointments could be made in person, by telephone or online. Repeat prescriptions could also be ordered online. A mix of pre-bookable and 'on the day' appointments were available.

The practice core hours were between 8am and 6pm on Mondays to Fridays, 8am until 12noon, alternating on

opposite weeks to 6pm with one of the branch surgeries. Additional extended hours were available for pre-booked appointments between 6pm and 8pm on Mondays. Patients could also access either pre-booked or walk-in appointments on Saturday at the main surgery site from 8:30am-12:30pm.

The latest NHS England GP Patient Survey of 126 responses showed patients generally found it easy to access services. For instance:

- 94% of respondents found it easy to get through to this surgery by phone

Local (CCG) average: 79% National average: 73%

- 71% of respondents with a preferred GP usually got to see or speak to that GP

Local (CCG) average: 61% National average: 59%

- 82% of respondents were able to get an appointment to see or speak to someone the last time they tried

Local (CCG) average: 86% National average: 85%

The numbers of book on the day or pre-bookable appointments were adjusted according to predicted need. Staff numbers and required skill mix were planned advance. People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information on how to complain was displayed in reception.

We looked at a summary of complaints made in the last 12 months, and could see that these had been responded to with an explanation and apology where necessary. We could see where corrective actions were taken, such as refresher training for staff. Patients we spoke with said they would feel comfortable raising a complaint if the need arose.

Are services well-led?

Good 

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

Our findings

Vision, Strategy and Culture

The practice had aims and objectives contained within their statement of purpose, and had a good understanding of their strengths and areas they wished to improve, such as engaging more with young patients. Staff were familiar with and engaged with the values and ethos of the practice. Staff we spoke with agreed that communication within their own teams and as a practice was good, and they formed a strong supportive environment, where people worked flexibly and supported one another. Staff were well-motivated and felt involved in the practice.

Staff had individual objectives via their appraisal, such as clinical staff looking to develop their knowledge in a certain area to be able to offer additional services. Staff described the appraisal process as useful and stated they were able to identify and follow up on learning objectives through these, although some staff were overdue for appraisal. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. There was a clear leadership structure in place and staff felt supported by management.

Governance Arrangements and Improvement

The practice had over-arching governance arrangements to ensure staff were fully qualified and safe to practice. Significant events and complaints were discussed regularly in team and clinical meetings. Staff were clear on their roles and responsibilities, and felt competent and trained in their roles. The practice had a number of policies and procedures in place to govern activity, such as chaperone policy, infection control procedures and human resources policies, and these were available to staff via the shared

computer system. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure performance. The practice regularly reviewed its results and how to improve, and was proactive in using patient contact to promote additional screening or review services. The practice reviewed its QOF activity regularly to plan areas where they needed to target resource. We saw evidence that they used data from various sources including patient surveys, incidents, complaints and audits to identify areas where improvements could be made.

The practice had identified lead roles for areas such as safeguarding, chronic disease management and infection control. A programme of clinical audit was carried out, subjects selected from QOF outcomes, from the CCG, following an incident or from the GP's own reflection of practice. The practice had arrangements for identifying, recording and managing risks, although not all risks were kept under review.

Practice seeks and acts on feedback from users, public and staff

Staff felt confident in raising concerns or feedback, and participated in a yearly staff survey. There was an active Patient Participation Group (PPG). The practice had an action plan which highlighted areas for improvement in conjunction with the PPG. For instance, production of a patient feedback newsletter, modification of bereavement packs and communicating to patients when appointments were running late. PPG members were able to give feedback and discuss patient survey results, friends and family test results, or comments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered person did not operate recruitment procedures effectively to ensure that persons employed were of good character, and had the qualifications, competence, skills and experience necessary for the work to be performed by them. Regulation 19 (2) (a)