Wake Green Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

REQUIRES IMPROVEMENT

We carried out an announced comprehensive inspection at Wake Green Surgery on 17 August 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Systems and processes were not in place to keep patients and staff safe. For example, appropriate fire safety assessments had not taken place, risk assessments were not in place in respect of control of substances hazardous to health or legionella. Additionally, actions identified to address concerns with infection control practice did not have identified timelines for completion.
- Monitoring processes were not sufficiently robust for example in alerting that annual medical equipment checks are due.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Staff who acted as chaperones were trained for the role but had not completed a disclosure and barring check (DBS). In the absence of a DBS check, the risk assessments were not sufficiently detailed to provide assurances that risks to patients had been minimised.
- 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 patients we spoke with were aware of the process to follow.

Summary of findings

- Data showed patient outcomes were near the average for the locality with the exception of being able to see a preferred GP which was below average. The childhood immunisation rates for the practice were above CCG averages.
- Urgent appointments were available on the day they were requested. However, patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment. Results of the July 2015 national patient survey were aligned to this.
- There was a clear leadership structure and staff felt supported by the GP partners. The practice had sought patient feedback from the PPG, some of which it had acted on. However, the practice had not proactively sought feedback from staff or patient perspectives from patients who were not part of the PPG.

The areas where the provider **must** make improvements are:

- Ensure there are effective systems in place to identify, assess the quality of the service and manage risks in order to protect service users, and others, against the risks of inappropriate or unsafe care (by ensuring all risk assessments are in place such as in respect of control of substances hazardous to health, fire safety and legionella). Additionally, actions identified by the Fire Safety Officer must be completed to ensure the risks of fire are minimised.
- Ensure that the business continuity plan contains sufficient details and that all staff are aware of its contents.

In addition the provider **should**:

- Improve processes for making appointments, including addressing patient difficulties in getting through to the practice on the phone.
- Ensure that the risk assessments of staff who carry out chaperoning without having gone DBS checks are sufficiently detailed to provide assurances that risks have been fully considered.
- Ensure patient feedback which is not restricted to only those who are members of the patient participation group (PPG) and wider more proactive patient engagement takes place.
- Ensure that ease of access for all patients has been considered for example for wheelchair users within the waiting area.
- Ensure all staff are clear about who the infection control lead for the practice is, and that action identified to address concerns with infection prevention and control has clear timelines for completion.
- Ensure the practice monitoring processes are sufficiently robust for example processes to alert the practice when annual medical equipment checks are due.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Although some risks to patients who used services were assessed, patients were at risk of harm because other systems and processes were not in place to keep them safe. For example, in respect of fire safety, control of substances hazardous to health and legionella. Processes to address risks associated with infection control or in the management of unforeseen circumstances were not implemented effectively to ensure patients were kept safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet those needs. There was some evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice as average for the locality in most aspects of care. Feedback from patients about their care and treatment was mainly positive. 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 accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Feedback from patients reported that access to a named GP and

Summary of findings

continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

It had a clear vision and strategy and staff were aware of their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the GP partners at the practice. The practice had a number of policies and procedures to govern activity. However, effective arrangements were not in place for identifying, recording and managing risks, issues and implementing mitigating actions in order to protect service users, and others, against the risks of inappropriate or unsafe care (by ensuring all risk assessments are in place). For example, in respect of control of substances hazardous to health, fire safety and legionella. The practice sought feedback from staff as well as patients through the participation group (PPG), some of which it acted on. However, the practice had not carried out any patient surveys to gain wider patient views. Staff had received inductions, regular performance reviews and attended staff meetings.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits, longer appointments, and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Named staff had lead roles in chronic disease management such as diabetes. Longer appointments and home visits were available when needed. These patients had a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the lead GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

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 accident and emergency (A&E) attendances. Immunisation rates were above average for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate

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way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

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. 'Commuter surgeries' were offered with the practice nurse and phlebotomist (person who takes blood for testing) between 7.30am and 8.30am.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with drug and alcohol problems and those with a learning disability. It offered longer appointments for patients with a learning disability.

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

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

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Performance for mental health related indicators was similar to the national average (practice average of 90% compared to a national average of 89%). The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

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What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages with the exception of being able to see their preferred GP. There were 103 responses and a response rate of 32%.

- 59% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 81% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 18% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 85% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 65% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 57% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 57% feel they don't normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, 24 of which were positive about the standard of care received. However, six were mixed in their responses whilst two were negative. Issues included access to appointments, waiting times and staff attitudes.

Areas for improvement

Action the service MUST take to improve

- Ensure there are effective systems in place to identify, assess the quality of the service and manage risks in order to protect service users, and others, against the risks of inappropriate or unsafe care (by ensuring all risk assessments are in place such as in respect of control of substances hazardous to health, fire safety and legionella). Additionally, actions identified by the Fire Safety Officer must be completed to ensure the risks of fire are minimised.
- Ensure that the business continuity plan contains sufficient details and that all staff are aware of its contents.

Action the service SHOULD take to improve

- Improve processes for making appointments, including addressing patient difficulties in getting through to the practice on the phone.
- Ensure that the risk assessments of staff who carry out chaperoning without having gone DBS checks are sufficiently detailed to provide assurances that risks have been fully considered.
- Ensure patient feedback which is not restricted to only those who are members of the patient participation group (PPG) and wider more proactive patient engagement takes place.
- Ensure that ease of access for all patients has been considered for example for wheelchair users within the waiting area.
- Ensure all staff are clear about who the infection control lead for the practice is, and that action identified to address concerns with infection prevention and control has clear timelines for completion.

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- Ensure the practice monitoring processes are sufficiently robust for example processes to alert the practice when annual medical equipment checks are due.

Wake Green Surgery

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 second CQC inspector, a practice manager specialist adviser and an Expert by Experience (a person who had experience of using this particular type of service, or caring for somebody who has).

Background to Wake Green Surgery

Wake Green Surgery is located in Moseley, a suburb of Birmingham. It provides primary medical services to approximately 9870 patients in the local community. The practice has four GP partners (three female and one male), two trainee GP Registrars, a business manager, a practice nurse, a healthcare assistant, two phlebotomists (specialist clinical support workers who take blood samples from patients), as well as administrative and reception staff.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is also a training practice for trainee GPs.

The practice was open between 7.30am and 7pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2.30pm to 6pm daily. 'Commuter surgeries' were offered with the practice nurse and phlebotomist between 7.30am and 8.30am. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for patients that need them.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the local Clinical Commissioning Group (CCG) and NHS England area team to consider any information they held about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

Detailed findings

We carried out an announced inspection on 17 August 2015. During our inspection we spoke with a range of staff that included GPs, a trainee GP , the management team, nursing and reception staff. We also looked at procedures and systems used by the practice.

We observed how staff interacted with patients who visited the practice. We spoke with 11 patients who visited the practice during the inspection. We reviewed 32 completed comment cards where patients and members of the public shared their views and experiences of the practice and reviewed survey information.

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:

- 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)

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology. Were told about actions taken to improve care and we saw evidence of this on the day of the inspection. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, with learning points and any changes to current practice required clearly documented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep people safe. However, there were also areas that required development and improvement. We found that:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 worked closely with other agencies to share information. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw that the practice had completed a comprehensive audit tool for safeguarding adults and children considered to be at risk of harm, to ensure that all processes in the practice were robust.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. Staff who acted as chaperones were trained for the role but had not completed a disclosure and barring check (DBS). (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). In the absence of DBS checks, staff who acted as chaperones had been risk assessed to ensure that they were never left alone with a patient and that a clinician was always present. However, we saw that the risk assessment lacked detail with only a sentence stating that the relevant staff member would not be alone with patients.
- There were some procedures in place for monitoring and managing risks to patient and staff safety and we saw that there was a health and safety policy available. However, we found fire safety to be of concern and the Fire Safety Officer was informed following the inspection. The Fire Safety Officer identified a range of issues and some of the recommendations included the requirement to carry out a fire risk assessment, the installation of a fire alarm and detection system, updating of fire signage and emergency lighting systems to minimise the risks to patients and staff at the premises. The practice did not have risk assessments in place to monitor safety of the premises such as for the control of substances hazardous to health and legionella.
- We found that annual checks of clinical equipment had not been completed and were overdue since July 2015. This included the calibration of equipment such as blood pressure monitors, fridges where the vaccines were stored, the nebuliser and the Automated External Defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice was able to arrange a date for calibration checks during the inspection and it was confirmed that this was an error on part of the contracted company who should have arranged a date for these checks to be done by July 2015. However, the

monitoring systems at the practice were not sufficiently robust to have identified that these checks had become overdue. Post-inspection we were provided with evidence to show that these checks had been completed.

- Appropriate standards of cleanliness and hygiene were followed and we observed the premises to be visibly clean and tidy. Two patients we spoke with commented that the women's toilets were not very clean and we also found that the door to this was faulty. There was some confusion amongst staff about the infection control lead at the practice. One staff member we spoke with told us that practice manager was the infection control lead whilst another staff member told us that it was the practice nurse. There was also a named GP who was the clinical lead for infection control who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol in place and staff had received up to date training. A Clinical Commissioning Group (CCG) infection control audit had identified a range of issues in July 2015 for the practice to implement and we were told that action was going to be taken to address the improvements required. For example, we noticed that there was a fabric curtain in one of the consulting rooms which made infection control difficult. The practice were aware of this although was no process in place for cleaning. The practice also could not provide any evidence of timelines for completion of actions recommended by the CCG audit or who was responsible for ensuring their completion.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams and other agencies to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We found that the prescription pads were stored in an area not accessible to patients.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references (documented verbal or written), qualifications and registration with the appropriate professional body where relevant. Files of the clinical staff also had appropriate DBS checks completed.
- 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.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. We saw that staff had received annual basic life support training for 2015 although this annual training had been missed for 2014. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were 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.

We spoke with the practice manager and other staff about the business continuity plan in place should major incidents such as power failure or building damage occur. The practice manager was initially unsure if the practice had a business continuity plan in place, although the plan we viewed indicated both a hard and an electronic copy would be kept by the practice manager. We were also told about a local arrangement with another practice in the case of an emergency but the practice was unable to provide any details about this. It was clear that the plan had not yet become embedded at the practice, lacked detail with gaps and missing information such as contact numbers, and that it had not been shared effectively with staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results so far were 77% achieved of the total number of points available, with 1% exception reporting. Last full year QOF results indicated 98% of the total number of points available. This practice was not an outlier for any QOF clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the national average (practice average of 83% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was slightly higher than the national average (practice average of 86% compared to a national average of 83%).
- Performance for mental health related indicators was similar to the national average (practice average of 90% compared to a national average of 89%).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We were provided with examples of audits carried out by the practice, two of which were completed audits where the improvements made had been implemented and monitored. The practice participated in applicable local audits, national benchmarking and research. Findings were used by the practice to improve services. For example, recent action taken as a result included patients at risk of osteoporosis (a medical condition in which the bones become brittle and fragile from loss of tissue or deficiency of calcium or vitamin D) being identified as those who could potentially benefit from calcium or vitamin D supplementation.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. The practice provided facilitation and support for the revalidation of GPs and we reviewed the appraisal documents for the newest member of staff. We saw evidence that locum GPs were given a copy of the practice locum pack which provided information such as contact numbers, location of the emergency equipment and details of the clinics and services provided by the practice. The practice was also a training practice for GP trainees and one of the trainees we spoke with told us they were very well supported by the GP partners. This included ongoing support during sessions, appraisals, coaching and mentoring, and clinical supervision.
- Staff received 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 and in-house training.

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 risk assessments, care plans, medical records and test results. Information

Good

Are services effective?

(for example, treatment is effective)

such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis with health visitors and on monthly basis for end of life care. Care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Some of the patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet. A carers register had recently been set-up and some of the patients had been identified so that appropriate patients were signposted to the relevant service. A healthcare assistant (HCA) was available on the premises and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 93% to 100% which compared favourably with national rates of 87% to 96% and 85% to 96% respectively. Flu vaccination rates for the over 65s were 74%. This was comparable the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 58%, which was slightly higher than the national average rate of 52%.

Some NHS health checks for patients aged 40 to 74 years were taking place although invitation letters for these were not being sent out. We were told that this was due to financial constraint and instead these checks were being carried out on an opportunistic basis when booking new patients. Health checks for new patients were carried out by the healthcare assistant. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A poster in the waiting room alerted patients to this.

We received 32 completed patient CQC comment cards. Of these 24 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six of the responses were mixed and two were negative. The concerns were related to the appointment system. We also spoke with the chair of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The majority of 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 were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them which was slightly lower than the CCG average of 88% and the national average of 89%.
- 84% said the GP gave them enough time which was slightly lower than the CCG average of 86% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 81% patients said they found the receptionists at the practice helpful which was higher than the CCG average of 62% and national average of 73%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey (date) we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment although results were slightly lower than the local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

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

Patient and carer support to cope emotionally with care and treatment

Some notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. We were told that the practice had started to develop a register of all patients who were carers. However, young carers who had their own specific needs were not supported in a focused way. A poster displayed in the

Good

Are services caring?

waiting area provided a contact number for a support service. However, written information was not available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, this information was noted in the clinical system that the GP had discretion about whether they contacted the family. We also saw that a booklet on support for families who had suffered bereavement was available in the waiting area.

Good

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 clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice worked with their local CCG pharmacist to conduct effective medicine and high blood pressure reviews.

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

- The practice offered 'Commuter surgeries' between 7.30am and 8.30am every morning for working patients who could not attend during normal opening hours.
- There were longer (double) appointments available for patients with a learning disability or other patients who required them.
- Home visits were available for older patients or housebound patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Ramped access was available for patients with mobility difficulties. An assistance call bell was also available although this was located half way up the ramped access.
- Two parking spaces were reserved as assisted access parking spaces.
- Hearing loop and translation services available.
- Toilets suitable for patients with disabilities were not available and patients commented on the difficultly of manoeuvring wheelchairs within the restricted waiting areas.
- Baby changing facilities were available

Access to the service

The practice was open between 7.30am and 7pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2.30pm to 6pm daily. 'Commuter surgeries' were offered with the practice nurse and phlebotomist (a person who takes blood) between 7.30am and 8.30am.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent same-day appointments were also available for patients that needed them. However, two of the patients we spoke with told us they could not book routine appointments in advance and four of the 11 patients we spoke with also reported difficulties with making an appointment. This included difficulties in getting through to the practice on the phone. These views were aligned with the results of the national patient survey. However, two of the comments we received via the patient comment cards indicated that the appointment system had recently improved and two of the patients we spoke with told us they felt appointment access had recently become better. Patients also told us that their experience of getting urgent appointments was good.

Results from the national GP patient survey for July 2015 showed that patient satisfaction with how they could access care and treatment was slightly below or comparable to the local and national averages. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 59% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 65% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

We found that the practice had analysed the results of the July 2015 national patient survey and identified actions for improvement, with a named person responsible for its completion indicated on the action plan. However, timelines for completion of actions was not indicated.

Listening and learning from concerns and complaints

The practice had a 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.

A summary complaints leaflet to help patients understand the complaints system was available but had to be requested from the reception staff. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 31 complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following complaints of delayed or missed referrals, the practice referral process had been reviewed and the system changed to ensure that this did not recur.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice leaflet stated the ethos of the practice which was based on providing healthcare to all patients on equal grounds. The mission statement of the practice was to provide a service that was patient and carer centred. Staff we spoke with knew and understood the practice focus.

We were also told that the practice had been actively looking for more suitable premises for some time as it was recognised by the practice that the building was not ideal for providing primary care. However, this had not been possible and a new strategy with a refurbishment plan had been developed to upgrade various areas of the practice. Most of this plan still required implementation.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place. We found that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

However, we also found that:

- Effective arrangements were not in place for identifying, recording and managing risks, issues and implementing mitigating actions in order to protect service users, and others, against the risks of inappropriate or unsafe care (by ensuring all risk assessments are in place). For example, in respect of control of substances hazardous to health, fire safety and legionella. Additionally, actions were identified by the Fire Safety Officer to ensure the risks of fire were minimised.
- Staff who acted as chaperones were trained for the role but had not completed a disclosure and barring check (DBS). (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). In the absence of a DBS check, the risk assessments were not sufficiently detailed to provide assurances that risks to patients had been minimised.
- The business continuity plan did not contain sufficient details and most staff were not aware of its location or contents.
- Monitoring processes were not sufficiently robust for example in alerting that annual medical equipment checks are due.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. Two of the partners were visible in the practice on the day of the inspection and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and that there was an open culture within the practice. Staff we spoke with told us they had the opportunity to raise any issues at team meetings. Staff said they felt respected, valued and supported by the GP partners in the practice.

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

There was an active patient participation group (PPG) which met on a regular basis every two months and had 10 current members. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We saw that PPG minutes were available to view on the PPG noticeboard in the waiting area. We saw evidence that the PPG had submitted proposals for improvements to the practice management team and some of these proposals had taken place. For example, the PPG had proposed setting up a suggestions

Are services well-led?

Requires improvement

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

box for wider patient comments and views. This had been actioned by the practice although the PPG felt that the fixed suggestions box had not been placed in an area that would encourage suggestions.

We saw that there were no patient comments in the box on the day of the inspection and we were told none had ever been received previously.

We were told that the PPG was not reflective of the diversity of the patient group. We also found that the avenues for seeking patient feedback were limited to the PPG and the practice was not proactively gaining wider patient feedback or engaging patients in the delivery of the service. For example, the practice had been unwilling to allow the PPG to carry out patient surveys as this had been deemed to be too expensive by the practice management.

The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the provider had not protected persons employed, services users and others who may be at risk against identifiable risks of receiving care or treatment. The practice did not have robust monitoring mechanisms or assurance processes in place to verify the safety of the premises. The practice could not demonstrate that fire safety had been considered and actions taken to minimise the fire risk to patients and staff at the premises. The practice did not have risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health. The business continuity plan contained gaps and had not been shared widely with practice staff. The practice did not ensure that legionella risk assessments were in place and that actions were implemented to safeguard patients from the risks associated with legionella bacterium. Regulation 12 (1)(2)(a)(b)(h) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014