Pedmore Medical Practice

Quality Report

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Date of inspection visit: 22 October 2015
Date of publication: 14/01/2016

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pedmore Medical Practice on 22 October 2015. Overall the practice is rated as requires improvement.

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

- Formal risk assessments were not in place to monitor health and safety of the premises to ensure that the premesis used by the practice were safe to use for the intended purpose and used in a safe way.
- The practice had not assessed risks associated with infection control. Therefore, these risks were not being managed well enough to ensure staff and patients were kept safe.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patient 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.
- We found that risk assessments were not in place in the absence of disclosure and barring checks (DBS checks) for staff that chaperoned.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Assess and manage risks associated with health and safety of the premises and fire risk.

Summary of findings

- Assess and manager risks associated with infection control including control of substances hazardous to health and legionella.
- Ensure formal risk assessments are completed to assess the risk of not having disclosure and barring checks (DBS) for staff that chaperone.

In addition, the provider should:

- Implement a system of audit in relation to infection control to ensure appropriate standards are maintained.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

We found that the practice had not assessed risks to staff and to patients who used services to ensure they were kept safe.

- The practice was based in a large three story building with consulting and treatment rooms on the ground and first floor. There was no lift in place to support people with mobility difficulties and there were a number of narrow doorways and long narrow corridors in the building. The practice had not identified, recorded or managed potential risks associated with the premesis. This included risk associated with infection control, fire risk and health and safety risk.
- The practice did not have a formal risk assessment in place to assess the risk of not having a DBS checks for members of the reception team who chaperoned.
- The practice had not completed any infection control audits to identify areas for improvement and take action where necessary
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was an effective system in place for reporting and recording significant events.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence 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 these needs. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Feedback from patients about their care and treatment was consistently 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 easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice offered a variety of information for carers to ensure they understood the various avenues of support available to them.
- The practice also felt that it was important to have carer representation in their patient participation group (PPG) as 1% of the practice list had been identified as carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice operated a walk-in appointment system where patients could ring on the day and walk in and wait for appointments with the GP. Feedback from patients and comments on the cards highlighted that patients were happy with the walk in service, patients commented how they could always see a GP due to the efficient walk in service.
- The practice was based in a three story building with purpose built consulting and treatment rooms on the ground and first floor of the building. We noticed a ramp was in place to allow for wheelchair and pushchair users to enter and exit the practice however there was no lift in place to support people with mobility difficulties. Staff advised that access had not been a problem for patients at the practice as staff would always offer support and make adjustments where possible.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and shared learning points with staff throughout the practice.

Are services well-led?

Good

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

Summary of findings

- There was a clear leadership structure and staff felt supported by management. Staff told us they felt involved and engaged to improve how the practice was run and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

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.

- The practice is rated as inadequate for providing safe services, this affects all six population groups.
- 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 dementia and end of life care.
- The practice operated a walk in surgery so that patients with multi-morbidities, frailties and complexities can be seen when needed.
- It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice had not identified, recorded or managed potential risks associated with the premesis. This includes risks to patients who used services within this population group.

People with long term conditions

Requires improvement

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

- The practice is rated as inadequate for providing safe services, this affects all six population groups..
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medication needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had not identified, recorded or managed potential risks associated with the premesis. This includes risks to patients who used services within this population group.

Summary of findings

Families, children and young people

Requires improvement

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

- The practice is rated as inadequate for providing safe services, this affects all six population groups.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice offered a walk in and wait service which was described as popular amongst families as this enabled them to have their child reviewed the same day and children could be seen prior to the school day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had not identified, recorded or managed potential risks associated with the premesis. This includes risks to patients who used services within this population group.

Working age people (including those recently retired and students)

Requires improvement

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

- The practice is rated as inadequate for providing safe services, this affects all six population groups.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours and telephone consultations as well as a walk in and wait clinic.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had not identified, recorded or managed potential risks associated with the premesis. This includes risks to patients who used services within this population group.

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.

Summary of findings

- The practice is rated as inadequate for providing safe services, this affects all six population groups.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of the practices patients with a learning disability had received an annual review.
- 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.
- The practice had not identified, recorded or managed potential risks associated with the premesis. This includes risks to patients who used services within this population group.

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).

- The practice is rated as inadequate for providing safe services, this affects all six population groups.
- 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and 100% of the practices patients with dementia had received an annual review.
- 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.
- The practice had not identified, recorded or managed potential risks associated with the premesis. This includes risks to patients who used services within this population group.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed that the practice was comparable to local and national averages. There were 100 responses and a response rate of 36%.

- 97% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.
- 97% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.
- 75% with a preferred GP usually get to see or speak to that GP compared with the CCG average of 56% and national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 84%.
- 90% said the last appointment they got was convenient compared with the CCG and national averages of 92%.
- 84% described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

We found that the practice was rated below local and national averages for appointment waiting times:

- 47% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 57% felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

The practice informed us that this was due to the walk in service, where patients were guaranteed an appointment on the same day through the walk in and wait service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients and service users completed 42 CQC comment cards; we noticed that all of the comment cards contained many positive comments about the service experienced. Patients commented that the practice offered an excellent service and staff were caring, respectful and helpful. We spoke with 14 patients as part of our inspection and we found that their comments aligned with the positive feedback given on the comment cards.

Before visiting, we spoke with members of the management teams from a care home and a residential home for patients with learning disabilities and for patient experiencing poor mental health, both of whom worked closely with the practice. They also told us they were satisfied with the care provided by the practice and said that patients dignity and privacy was respected.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Assess and manage risks associated with health and safety of the premises and fire risk.
- Assess and manager risks associated with infection control including control of substances hazardous to health and legionella.
- Ensure formal risk assessments are completed to assess the risk of not having disclosure and barring checks (DBS) for staff that chaperone.

Action the service SHOULD take to improve

In addition, the provider should:

- Implement a system of audit in relation to infection control to ensure appropriate standards are maintained.

Pedmore Medical Practice

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 advisor and a practice nurse specialist advisor.

Background to Pedmore Medical Practice

Pedmore Medical Practice is a long established practice located in the Stourbridge area of Dudley. There are approximately 3790 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients which included minor surgical procedures.

The clinical team includes three GP partners, two practice nurses and a healthcare assistant. The GP partners and the practice manager form the practice management team and they are supported by a team of three receptionists who all cover reception and administration duties.

The practice is open between 8am and 6:30pm during weekdays except for Wednesdays when the practice offers extended hours until 7:30pm. The practice operates a walk-in appointment system where patients are able to ring on the day and walk in and wait for appointments with the GP. Attendance for walk in appointments run from 8am until 10:30am and consultations can run through to 1:30pm on these days. Pre-bookable appointments are available from 2:20pm to 6pm during weekdays and on Wednesdays pre-bookable only appointments are offered, these run from 8:30am until 7:30pm. Pre-bookable appointments can also be booked up to four weeks in advance. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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

How we carried out this inspection

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

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

Detailed findings

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

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

The inspector :-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 22 October 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Inadequate

Are services safe?

Our findings

Safe track record and learning

People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. There was a system in place for reporting and recording significant events. Staff were familiar with this system and the practice shared examples of the recording forms used to record these. The practice also used log books to keep a record of all incidents and accidents. The practice took an open and transparent approach to reporting incidents and the staff we spoke with were aware of their responsibilities to raise concerns.

We reviewed incident reports, log books and minutes of monthly meetings during the last 12 months where significant events and incidents were discussed. We saw that lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that the practice managed a significant event where a duplicate prescription was given to a patient. Immediate action was taken and a process of checking mediboxes was implemented as well as a follow up call with the pharmacy to discuss whenever repeat prescription changes occurred. Significant events were discussed in the monthly practice meetings where themes, action items and learning points were discussed. The GPs, practice nurse and practice manager attended these meetings. The reception team (including the healthcare assistant) did not attend these meetings however staff confirmed that printed copies of the minutes were handed to them each month to ensure learning was shared throughout all staffing areas. Staff also told us that they had weekly informal meetings and one to one conversations with the management team where key items such as significant events and complaints were discussed.

Overview of safety systems and processes

The practice was based in a large three story building with consulting and treatment rooms on the ground and first floor. There was no lift in place to support people with mobility difficulties and there were a number of narrow doorways and long narrow corridors in the building. The practice had not assessed, moniored or mitigated potential risks associated with the premesis. For example:

- The practice did not assess the risk associated with infection control including control of substances hazardous to health and legionella.
- Formal risk assessments were not in place to monitor health and safety of the premises to ensure that the premesis used by the practice were safe to use for the intended purpose and used in a safe way.
- A fire risk assessment had not been completed since 2006.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding policies and key contact numbers were accessible to all staff. Staff were familiar with these policies, they understood their responsibilities and had received training relevant to their role. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance.

Reception staff acted as chaperones and were trained for the role, there were notices around the practice to inform patients that chaperones were available. We found that the reception staff who chaperoned had not received disclosure and barring checks (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice informed us chaperones would not be left alone with patients. The practice did not have a formal risk assessment in place to assess the risk of not having a DBS checks for these members of staff.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There was a health and safety policy in place. Fire drills were carried out and the fire alarm was tested and logged weekly.

Appropriate standards of cleanliness and hygiene were followed. The practice manager was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw evidence of Hepatitis B immunisation for practice staff.

Inadequate

Are services safe?

While we observed the premises to be visibly clean and tidy, the practice had not completed any infection control audits to identify areas for improvement and take action where necessary.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.

Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The practice used regular locum GPs from an agency to provide cover when required and the practice shared records to ensure that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a checking system in place and there were systems in place to monitor their use. All staff received annual basic life support training. The practice had oxygen available on the premises with adult and children's masks. The practice had an automated external defibrillator on the premises. An automated external defibrillator is 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 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. There was a system on the computers in all the treatment rooms which alerted staff to any emergency and the practice.

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. Staff accessed and monitored guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

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 were 81% of the total number of points available, with 4% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Data from 2013/2014 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 75% compared to the CCG and national averages of 83%.
- Performance for mental health related indicators was 88% compared to the CCG average of 70% and national average of 93%.
- The dementia diagnosis rate was 85% compared to the CCG and national averages of 92%.
- Performance for overall diabetes related indicators was 60% compared to the CCG average of 84% and national average of 88%.

The management team explained that they were aware that diabetes was an area that needed improving within the practice. To improve this they had identified patients at risk of developing diabetes and included them in their recall system, the practice shared a report with the team which highlighted that all of these patients had recently been recalled for their annual reviews with the practice nurse. The GP had also completed some further training provided by a local diabetes team and another GP was due to attend in December.

As part of the inspection the practice shared reports with us which highlighted that annual reviews had been completed for all their patients with a learning disability and for 100% of their patients with dementia.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The GPs discussed five clinical audits which were carried out within the last year. The practice shared two completed audits that demonstrated changes resulting since the initial audits. For example, we saw audits were completed in October 2013 and October 2014 regarding the prescribing of medicines used to treatasthma. Following the audit, the GPs carried out medication reviews for patients under the age of 16 who were prescribed these medicines and altered their prescribing practice to ensure it aligned with national guidelines. The audits highlighted that the practice were not meeting their review target of 100%. To improve this, the practice developed a policy to ensure that all repeat prescription requests for inhalers are reviewed by the GP to review usage and need for annual review. In addition, the practice implemented a policy to notify the local safeguarding team if a child with asthma missed three asthma reviews. The practice shared some additional audits with us including a medication audit for patients with Osteoporosis. The aim of the audit was to identify and treat patients at risk of a calcium and vitamin D deficiency and to review prescribing in line with national guidance. The first audit was completed in July 2013, this highlighted patients who required calcium and vitamin D supplements. The GPs worked with the practice pharmacist and reviews were carried out to cover all the patients identified from the audit. The repeated audit was completed in August 2015, this highlighted further actions required including coding reviews and a further review of prescribing to ensure it reflected local guidelines. Further audits were completed in the last 12 months including a prescribing audit on New Oral Anticoagulants (NOACs) and an audit on specific hypnotic medicines (hypnotic medicines cause sleep or a partial loss of consciousness). These were single cycle audits and had not yet been repeated.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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. 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. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. We spoke with several staff members throughout our inspection, all of whom shared training opportunities they had been given while working at the practice. For example, the healthcare assistant joined the practice as a receptionist and the practice supported them throughout their healthcare assistant training. Some staff members who also covered administrative duties progressed on to complete medical terminology training. Practice staff also 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. This included blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service. All relevant information was shared with other services in a timely way.

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 were discharged from hospital. We saw evidence that monthly multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

Consent to care and treatment

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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were also signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, compared to the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe monitoring system for ensuring that test results had been received by the laboratory for every sample sent by the practice. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for under two year olds ranged from 92% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 94% to 100% compared to the CCG average of 93% to 98%.

Flu vaccination rates for the over 65s was 68%, compared to the national average of 73%. Flu vaccinations for at risk groups was 50%, compared to the national average of 52%. The practice shared an up to date report with us during our inspection, this highlighted that improvements were being made and the practices flu vaccination rate had increase to 72%. Patients had access to appropriate health

Good

Are services effective?

(for example, treatment is effective)

assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. 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

Patients and service users completed 42 CQC comment cards, we noticed that all of the comment cards contained many positive comments about the service experienced. Patients commented that the practice offered an excellent service and staff were caring, respectful and helpful. Comments also highlighted that staff responded compassionately when patients needed help and that staff provided support when required. We spoke with 14 patients as part of our inspection. Patients we spoke with described the practice as offering a personalised service, patients told us they felt supported by staff and we found that their comments aligned with the positive feedback given on the comment cards. We also spoke with a member of the patient participation group (PPG) on the day of our inspection and before visiting, we spoke with members of the management teams from a care home and a residential home for patients with learning disabilities and for patient experiencing poor mental health, both of whom worked closely with the practice. They also told us they were satisfied with the care provided by the practice and said that patients dignity and privacy was respected.

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. Screens 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average across various areas for its satisfaction scores, for example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

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 were given 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

Patient and carer support to cope emotionally with care and treatment

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. There was a practice register of all people who were carers and 1% of the practice list had been identified

Good

Are services caring?

as carers and were being supported, for example, by offering health checks, flu vaccinations and referral to a variety of support organisations. The practice was also mindful of carer responsibilities and offered flexible and longer appointments to suit carer needs. A carer's board was displayed in the second waiting room which contained a variety of information for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and advice on how to find a further support service. The practice also supported patients by referring them to a gateway worker from the local mental health trust that provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

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 CCG to improve outcomes for patients in the area. For example**,** the practice was part of a scheme to help to provide social support to their patients who were living in vulnerable or isolated circumstances. The management team explained how they had started to identify patients who may be living in isolation and may feel lonely . These patients were referred to a service called Integrated Plus. The management team explained how referrals were also discussed during their multi-disciplinary meetings, where a representative from the Integrated Plus team also attended.

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

- The practice operated a walk in and wait service four days a week. This guaranteed that patients could see a GP the same day if attending the surgery before 10:30am.
- The practice offered extended hours on a Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer flexible appointment times for people with a learning disability, for carers and for patients experiencing poor mental health.
- Home visits were available for older patients and patients who would benefit from these.
- There were translation services available and a hearing loop was installed in the reception area. Patients who's circumstances may make them vulnerable were flagged on the practices computer system. This included flags in place for patients with visual and/or hearing impairments.

The practice was based in a three story building with purpose built consulting and treatment rooms on the ground and first floor of the building. We noticed a ramp was in place to allow for wheelchair and pushchair users to enter and exit the practice however there was no lift in place to support people with mobility difficulties. The practice advised that staff would move between consulting rooms to suit patient needs and that reception staff were advised to book appointments in to suit patient preferences. For example, elderly patients and patients with mobility difficulties would be booked in for appointments on the ground floor to avoid having to use the stairs. While the ground floor consulting rooms were accessible for patients with mobility difficulties we noticed that the patient toilet on ground floor was relatively small and did not present much space for wheelchair users. Two waiting rooms were available on the ground and first floors. Waiting rooms and corridors were large enough to accommodate patients with wheelchairs and pushchairs. However, we noticed that doorways and corridors on the ground floor were relatively narrow and access for electric wheelchairs, twin pushchairs and passing wheelchairs in the corridor could be problematic. Staff confirmed that wheelchair users could pass through the doorways without hindrance.

We discussed the premises with the management team during our inspection and the premises was highlighted as an area for improvement when the practice delivered a presentation to the inspection team at the start of the day. The practice had taken some steps to improve, including a grant to purchase and install a stair lift. Staff advised that access had not been a problem for patients at the practice as staff would always offer support and make adjustments where possible.

Access to the service

The practice was open between 8am and 6:30pm during weekdays except for Wednesdays when the practice offered extended hours until 7:30pm. The practice operated a walk-in appointment system where patients could ring on the day and walk in and wait for appointments with the GP. Attendance for walk in appointments were from 8am until 10:30am and consultations ran through to 1:30pm on these days. Pre-bookable appointments were available from 2:20pm to 6pm during weekdays, on Wednesdays pre-bookable only appointments were offered and these ran from 8:30am until 7:30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's rated the practice well for access to care and treatment:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- We found that the practice was rated below local and national averages for appointment waiting times. 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%. The practice informed us that this was due to the walk in service, where patients were guaranteed an appointment on the same day through the walk in and wait service.

As part of our inspection we spoke with 14 patients and reviewed 42 completed CQC comment cards. Feedback from patients and comments on the cards highlighted that patients were happy with the walk in service. We noticed a theme where patients commented how they could always see a GP due to the efficient walk in service.

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. We saw that a complaints information leaflet was available to help patients understand the complaints system and there was a designated responsible person who handled all complaints in the practice.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled. For example, we saw how the practice had responded to a complaint relating to communication during a consultation with a locum GP. The complaint information highlighted that the appropriate actions were taken as a result of the complaint and that the practice demonstrated openness and transparency when dealing with the complaint. We also saw how the practice had communicated effectively with the locum agency to obtain a response from the locum GP. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care, learning from complaints was also a standing agenda item on the practice meetings to ensure learning was communicated to staff. Members of the reception team confirmed that copies of the practice meetings were circulated to them and that complaints were discussed during informal weekly meetings with the practice manager.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practices vision was to deliver effective services to patients and to ensure that the skills and competencies of their staff were at the highest level. We spoke with several staff members during our inspection. All staff members had positive things to say about working at the practice, staff felt valued and supported and commented that they were all long standing members of the team. Staff told us that there was an open culture within the practice and they felt comfortable to raise any issues both one to one and during meetings. Staff told us they felt involved and engaged to improve how the practice was run.

Governance arrangements

The practice had an overarching governance framework, this outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. The practice also had a policy lead in place to ensure policies continued to reflect national guidance.
- There was a programme of clinical audits which were used to monitor quality and to make improvements

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The management team encouraged a culture of openness and honesty. The team were visible in the practice and staff told us that they always took the time to listen to all members of staff.

The GPs, practice nurse and practice manager attended the monthly practice meetings. Staff were given the opportunity to contribute towards the monthly meeting agenda and although the reception team (including the healthcare assistant) did not attend these meetings, staff confirmed that printed copies of the minutes were handed to them each month to ensure that key information was always communicated to them. The management team explained that all staffing teams were unable to attend a fixed monthly meeting due to mixed shift patterns. Staff confirmed that weekly informal meetings took place where learning was shared informally, this included learning points from key areas such as significant events and complaints.

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

The practices patient participation group (PPG) would meet when possible and make virtual contact through telephone and email. We spoke with a member of the PPG on the day of our inspection who explained that contact was made at least monthly between PPG members and the practice. The practice felt that it was important to have a range of patient representation and therefore included male, female, various ages and carer representation in their PPG. The PPG had made improvements in the practice by helping with patient information displays in the waiting room, an example was the carer's board which was developed by the PPG.

The practice had also gathered feedback from staff through appraisals and informal group discussions. We saw how staff were supported in attending staff away days. Examples included asthma and weight management workshops for clinical staff, a practice nurse respiratory away day and Prevent awareness training for GPs. The aim of the training was to raise awareness in recognising the signs of vulnerability to radicalisation and how to follow the correct reporting procedures.

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 Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Safe care and treatment. Formal risk assessments were not in place to monitor health and safety of the premises to ensure that the premesis used by the practice were safe to use for the intended purpose and used in a safe way. The practice had not assessed and managed risks associated with infection control including control of substances hazardous to health and legionella. The practice did not have formal risk assessments in place to assess the risk of not having disclosure and barring checks (DBS) for staff that chaperone.