Swanswell Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Swanswell Medical Centre on 6 October 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, systems for sharing learning with all staff were not well established and there was a lack of consistent approach to informing patients.
- Risks to patients were not always assessed and well managed. For example, those relating to the premises and in relation to prescriptions and medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The latest published data (2014/15) showed patient outcomes were low compared to the national average. Although, more recent data available from the practice showed evidence of improvements.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with same day and urgent appointments available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. However, there was a lack of clear lines of communication between staff.
- There was a proactive patient participation group which supported service improvement.

The areas where the provider must make improvements are:

- Ensure robust processes are in place for repeat prescribing and the management of blank prescriptions.

Summary of findings

- Review systems for the identification and management of risks relating to the premises.

In addition the provider should:

- Establish robust systems for the dissemination of information to all members of staff including learning from incidents and a consistent approach to informing patients as appropriate
- Establish systems monitor and ensure staff are up to date with relevant training.
- Ensure all staff receive annual appraisals to discuss their learning and development needs.
- Ensure outcomes from multidisciplinary meetings are recorded in patient records.
- Ensure all care plans are shared with patients and that they have the opportunity to comment.
- Review systems for the storage of clinical waste.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents were thoroughly investigated. However, it was not always clear that systems were in place to ensure lessons learned were communicated with all relevant practice staff to support improvement and that patients were informed.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. We identified some concerns in relation to the premises and in the management of medicines.
- Arrangements for safeguarding those at risk from harm were well established.

Are services effective?

Good

- Data from the Quality and Outcomes Framework (QOF) (2014/15) showed patient outcomes were low compared to the national average. Staff this might be due to system changes at the time and more recent data from the practice showed progress was being made against current targets.
- Staff assessed needs and delivered care in line with current evidence based guidance but needed to ensure effective systems were in place to ensure staff kept up to date with key training requirements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was working to ensure all staff had received their appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

- Data from the national GP patient survey showed patients rated the practice similar to others in most aspects of care.
- Patients said they were treated with compassion, dignity and respect and that they felt listened to. Patient involvement in decisions about their care and treatment was not always clearly demonstrated.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice participated in the CCG led Aspiring to Clinical Excellence scheme.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

- Although the practice did not have a formally documented vision for the future, they did have an understanding of the challenges they faced to improve the service.
- There was a clear leadership structure and staff felt supported by management and were clear about their own responsibilities.
- Staff described an open culture however formal opportunities for disseminating information and for staff to raise issues were not clear.
- Governance arrangements in which risks could be managed were not well established.
- The provider had systems in place to comply with the requirements of the duty of candour. There was evidence that safety incidents were acted on but it was not always clear how this information was shared with all staff and where appropriate patients involved.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was very proactive in supporting service development.

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 provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 75 years had a named accountable GP and those at risk of unplanned admission were kept under review.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered flu, shingles and pneumonia vaccinations for those eligible in this population group and were actively promoting this.
- Opportunistic pulse checks in older patients to support earlier diagnosis and treatment of patients with atrial fibrillation (heart condition).

People with long term conditions

Requires improvement

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

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Clinical staff had lead roles in chronic disease management. Nursing staff had received additional training to support patients with long term conditions.
- Performance for diabetes related indicators (2014/15) was 80% which was below the CCG average and national average of 89%. (Exception reporting for diabetes related indicators was 8% which was slightly below the CCG average of 10% and national average 11%). However, practice data showed that the practice performance for the current QOF year was 66 out of 86 (77%) of available QOF points with five months still to go.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients on the long term condition registers received a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of diagnostic and monitoring services to support patients with long term conditions this included anti-coagulation, ambulatory blood pressure monitoring, electrocardiographs (ECGs) and phlebotomy.

Families, children and young people

Requires improvement

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

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients 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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Uptake of cervical screening (2014/15) was at 79% was similar to the CCG average 78% and national average 82%. Exception reporting was 3% compared to the CCG average of 8% and national average of 6%.
- Appointments were available outside of school hours and the premises were suitable for children and babies with baby changing facilities available.

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).

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice offered services to meet the needs of this group of patients.
- The practice was proactive in offering online services for booking appointments and repeat prescriptions. The practice made use of texting to remind patients of their appointments.

Summary of findings

- A range of health promotion and screening that reflects the needs for this age group were offered including NHS health checks and services to support healthier lifestyles.
- The practice did not offer any extended opening hours but reserved the early and late appointments for patients with working commitments. Results from the latest national GP patient survey showed questions relating to patients access and making appointments were in line with CCG and national averages.
- The practice offered enhanced sexual health and family planning services including fitting of intrauterine devices and contraceptive implants.
- Travel vaccinations available on the NHS and privately were provided at the practice.

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.

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held register of patients living in vulnerable circumstances and caring needs. For example patients with a learning disability.
- Longer appointments were available for patients who needed them for example, those with a learning disability.
- Patients with a learning disability were offered an annual health check and had been provided with a patient passport to documents their preferences and needs should they move between services.
- Alerts were made against patient records should patients have any special requirements that needed to be accommodated and we saw examples of these.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients with complex health needs.
- 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 did not have any patients registered with no fixed abode but told us that they would register them with the practice address if necessary.

Summary of findings

- Carers were signposted to support available to them locally and offered health checks.

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 provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nationally reported data for 2014/15 showed 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the CCG average 82% and national average 84%. With slightly lower exception reporting.
- National reported data for (2014/15) showed 66% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was below the CCG average 89% and national average 88%. Although lower exception reporting at 3%.
- We identified some potential coding issues relating to mental health data. Data accuracy is important as it allows staff to identify patients for follow up.
- Current data from the practice which showed progress to date for the 2016/17 QOF targets showed the practice was achieving 16 out of 26 (61%) of the total QOF points for mental health and 20 out of 50 (41%) of the total QOF points for dementia. With five months left.
- GPs told us of services that they signposted patients where relevant support agencies for example, psychological therapies and the Alzheimer's Society.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 301 survey forms were distributed and 121 (40%) were returned. This represented approximately 1.9% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 completed comment cards which were all positive about the standard of care received. Patients were complimentary about staff they told us that they took the time to listen and described them as friendly and caring.

Results for the friends and family test (August 2016) which invites patients to say whether they would recommend the practice to others showed 78 out of 85 (92%) of patients who responded were extremely likely or likely to recommend the practice to others.

Swanswell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and GP specialist adviser.

Background to Swanswell Medical Centre

Swanswell Medical Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a urban area of Birmingham close to Solihull with a list size of approximately 6500 patients. Approximately two thirds of the patients registered live within Birmingham and one third in Solihull.

Based on data available from Public Health England, the area covered by the practice has higher levels of deprivation than the national average. It is within the 20% most deprived areas nationally. The population is slightly younger than the national average with a higher proportion of patients under the age of 35 years than the national average.

Practice staff consist of four partners (all male) who work a total of 25 GP sessions each week. There are two nurses (one is an advanced nurse practitioner), one health care assistant, a practice manager and a team of administrative staff.

At the time of the inspection we informed the practice that their registration with CQC was currently incorrect and that they needed to register two new partners. The registered manager had also left the partnership and needed to de-register. The practice has been reminded that this needs to be completed as soon as possible to ensure they comply with registration regulations.

Swanswell Medical Practice is open from 8am to 6.30pm Monday to Friday with the exception of Wednesday when it closes at 1pm for the afternoon. Telephone lines closed between 1pm and 2pm. When the practice is closed services are provided by an out of hours provider (BADGER). The practice does not operate any extended opening hours.

The practice is a training practice for qualified doctors training to become GPs.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with a health and care professional who worked closely with the practice.
- Spoke with a member of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant events.

- Staff told us that they were encouraged to report incidents and would inform the practice manager but were not able to recall any specific examples.
- We saw that there had been seven incidents recorded in the last 12 months which had been coded according to severity.
- The incident reporting system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw one example of an incident in which a patient had been informed of the incident that had occurred. However it was not evident from actions recorded that the practice had a consistent approach to inform patients.
- We saw evidence of learning shared among the GP partners and with other practices within the locality as a result of incidents that had occurred. However outside the partners it was not clear how learning was shared or disseminated to other members of staff within the practice.
- The main partner reviewed safety alerts received and distributed to practice staff as relevant those that required action. Staff told us of a recent alert they had acted on.
- The practice was also supported by a CCG prescribing lead who supported the practice in responding to medicine safety alerts.

Overview of safety systems and processes

There were some areas in which systems and processes and practice's in place were well embedded to keep patients safe however, we found weaknesses in others:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Information was displayed in the staff area which provided details on who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies and we saw examples of this. Staff demonstrated they understood their responsibilities and were able to give examples of concerns raised. Staff received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level 3. Female genital mutilation and mandatory reporting requirements had been also been discussed at a recent GP meeting. We saw examples of alerts that were placed on patient records if at risk.
- Notices were displayed throughout the practice advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. A whole team study day had been arranged in November 2016 to discuss infection control. Staff had access to appropriate hand washing facilities, personal protective equipment and appropriate cleaning equipment for bodily fluid spills. Records were maintained of staff immunity in case of sharps injury. We saw completed cleaning schedules in place to show what cleaning had been undertaken and for the cleaning of equipment. The carpets had recently been deep cleaned but no historic records were available to show how frequently this took place. We saw arrangements were in place for the disposal of clinical waste, however, boxes containing used sharps such as needles that were awaiting collection were stored in an areas that was also used to store clean sterile stock. The infection control lead advised that they would look into this although this had not been raised in the CCG led infection control audit undertaken in April 2016.
- The practice had scored 89% in the CCG led infection control audit. The practice nurse told us of changes made as a result of the audit for example flooring changed in the cleaners room and of meetings with the cleaners to discuss improvements needed.

Requires improvement

Are services safe?

- We reviewed the arrangements for managing medicines, including emergency medicines and vaccines to keep patients safe. We saw that medicines and vaccines held at the practice were stored appropriately with systems in place for checking these. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There were processes in place for handling repeat prescriptions which included the review of high risk medicines. We saw that appropriate monitoring took place and checks were up to date for patients on high risk medicines. However, we identified two patients among those on high risk medicines that although appropriate monitoring had been undertaken the number of tablets prescribed exceeded the medicine review dates. Following our inspection the practice told us that they had undertaken an audit of patients on high risk medication and prepared a report detailing all patients on high risk medication, with dosage and quantities issued. The GPs agreed patients on high risk medicines should all be scaled back to 28 day quantities, with a letter sent out advising those affected of the decision and reasoning.
- The practice used a medication questionnaire for reviewing patient medicines. If returned and the patient had not identified any issues the prescription would be released. However we identified the potential for patients on multiple medications to have their prescriptions updated by administrative staff. There was also no place to for signing the questionnaire to say who had completed this. For example we saw one patient on 12 different medicines had their medication updated by a member of the administrative team for one year based on the response to the medication review form. We asked to see a copy of the practice's repeat prescribing policy. We found this was brief and did not fully reflect the processes in place that we saw. Staff who handled prescriptions told us there were some medicines that would always go to the GP for authorisation but these had not been formally documented in the policy.
- The practice did not have robust systems in place for monitoring the use of prescriptions. Records were maintained of prescriptions received by the practice however there was no audit trail as to where they were allocated should one go missing. Following the inspection the practice put in place systems for monitoring the use of prescriptions.
- We reviewed the personnel files for two recently employed members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw appropriate checks were made with locum staff.

Monitoring risks to patients

There were some weaknesses in the systems for managing risks relating to the premises.

- The premises appeared well maintained and we were advised that issues relating to the maintenance of the premises were managed as they arose. The practice had a legionella risk assessment in place dated August 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice did not have any other up to date risk assessments in relation to the premises. For example environmental or fire risk assessments.
- The practice's fire risk assessment was dated April 2011, there had been no review of this and staff could not recall undertaking any recent fire drills. However, we did see evidence that fire alarms were checked regularly and fire equipment serviced.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been completed within the last 12 months.
- There were systems in place to ensure sufficient staff were on duty to meet patients' needs. The GPs operated a buddy system to cover for each other during absences. They also used locum staff if required. Nursing staff would co-ordinate their leave and non-clinical staff would cover for each other with overtime.

Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training.
- The practice held emergency medicines and equipment including a defibrillator and oxygen with adult and children's masks. These were easily accessible to staff in a secure area of the practice and all staff knew of their location.

Requires improvement

Are services safe?

- Records showed that emergency medicines and equipment were routinely checked to ensure they were in working order and in date. The medicines we checked at random were all in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services. There were contingency arrangements with another practice should the premises become inaccessible. Copies of the plan were also kept offsite.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The GPs told us they discussed clinical cases during clinical meetings.
- We saw evidence from records of NICE guidelines that had been followed.
- The practice nurse told us that they tried to keep up to date through personal reading. They also attended local practice nurse forums.
- We saw NICE guidance relating to diabetes and anaphylaxis guidance displayed on treatment room walls.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 84% of the total number of points available, which was lower than the CCG average of 94% and national average of 95%. Overall exception reporting by the practice was 10% which was similar to the CCG and national average of 9%.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was 80% which was lower than the CCG average and national average of 89% with similar levels of exception reporting at 8%. However, we looked at practice data for the current QOF year which showed for diabetes related outcomes the practice was achieving 66 out of 86 (77%) of available QOF points with five months still to go.
- Performance for mental health related indicators was 65% compared to the CCG average of 92% and national average of 93% with lower exception reporting at 5% compared to the CCG average of 10% and national average of 11%. The practice was identified as an outlier for mental health outcomes. We saw the patient records for two patients with poor mental health and saw that they were receiving appropriate care and treatment including monitoring of medication despite being flagged as review not completed. We also looked at the practice data for the latest QOF year which showed that the practice was currently achieving 16 out of 26 (61%) of the total QOF points for mental health outcomes with five months still to go.
- Exception reporting for patients with rheumatoid arthritis was significantly higher at 22% than the CCG average of 9% and national average of 7%. We reviewed the records for three patients on the rheumatoid arthritis register. All of which were up to date with monitoring and review of their condition and medicines. However, the computer alerts were showing they were overdue. The practice had changed their patient record systems during 2014/15 and suggested that some data may have been lost.
- Staff told us about the recall system in place. Patients would receive three letters before exception reporting. Although certain categories of patients would be reviewed by a GP before exception reporting.

There was evidence of clinical audit to support service improvement.

- The practice provided evidence of one full cycle audit relating to the care of patients with heart failure. This had been carried out during 2015 and 2016 and demonstrated some improvements in care.
- We also saw examples of other clinical audits in areas such as asthma and atrial fibrillation. However, these had yet to complete their full cycle in order to demonstrate whether any improvement had been made.
- The practice was starting to use an online surveyto audit all procedures carried out at the practice. There had been four responses to date.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed staff. The practice manager who was new to practice management was also receiving mentorship from another practice manager.
- There was a locum pack to support GPs working at the practice on a temporary basis.
- Staff had access to on-line training which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Records showed that all staff had received training in basic life support and safeguarding. However, approximately only half the staff had completed fire safety training and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that the practice nurse held diplomas in diabetes and respiratory conditions. They had also undertaken training for specific services such as sexual health and anticoagulation monitoring.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw evidence of recent training updates.
- There was no records of appraisals prior to the new manager starting in April 2016. The practice manager told us that they were unable to find any records. We saw that appraisals for administrative staff had been scheduled for completion between August and October 2016. Nursing appraisals for this year had yet to be arranged although we saw evidence of clinical supervision of consultations with the advanced nurse practitioner. Some staff confirmed that their appraisals had been completed.

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. We saw evidence patient information such as test results and hospital discharge information was processed in a timely way for example two of the GPs we spoke with were able to show us they were up to date with reviewing test results received.

The practice shared relevant information with other services, for example when referring patients to other services. There were safeguards in place to ensure referrals were sent in a timely manner. GPs logged all referrals requests which enabled checks to be made that they had been sent and patients on the two week wait were given written information which advised them to contact the practice if they haven't heard within one week. The practice also shared information with the out of hours service.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Staff told us that they held regular multidisciplinary team meetings to discuss those with palliative and complex care needs six weekly. The practice also met regularly with the health visitor to discuss the needs of vulnerable children. We spoke with a health and social care professional who worked closely with the practice. They confirmed regular meetings took place and that they found the practice very supportive in meeting patients' needs. Notes were maintained from these meetings but were not routinely recorded onto patients clinical records.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence of staff training in the Mental Capacity Act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff were aware and understood Fraser guidelines.
- We saw evidence of do not resuscitate orders in place that had been discussed with patients and their next of kin.
- We saw that consent forms had been signed and completed for patients receiving contraceptive implants and intra uterine devices and minor surgery. These were specific to each procedure and had specific information relating to the procedure based on risks, side effects and aftercare.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring lifestyle support including patients who misused drugs and alcohol.

The practice provided a range of health promotion and prevention advice through their website, newsletter and television in the waiting area. For example, we saw information on long term conditions, antibiotics, the promotion of vaccinations for children and adults as well as meningitis vaccines for university students and promotion of breast feeding.

A noticeboard in the practice informed and signposted patients to local services including travel clinics, counselling and sexual health services.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 82%. There were systems in place for ensuring results were received for all samples sent for cervical screening and to follow up those with abnormal results.

The practice's uptake of breast cancer screening was in line with CCG and national averages. 69% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.

The practices uptake of bowel cancer screening was comparable to the CCG average but below the national average. 49% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than the CCG and national averages for the under two year olds and for those given to five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96% compared to the CCG average of 88% to 94% and national average of 73% to 95%, and five year olds from 90% to 100% compared to the CCG average of 83% to 96% and national average of 87% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- There were glass screens at reception to help reduce the risk of conversations being overheard.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Consulting and treatment room doors had key pad locks which helped prevent the risk of unauthorised access into the rooms during consultations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff signed confidentiality agreements.
- Staff wore name badges so that patients knew who they were speaking with.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us that the staff were friendly, helpful and caring, that they took the time to listen and treated them with dignity and respect. We also spoke with a member of the patient participation group (PPG). They were also positive about the service and care received.

Results from the national GP patient survey also showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive. Patients said they felt listened to and were satisfied they received the care they needed. We saw that care plans were in place for patients as part of the admission avoidance scheme. However, these were not always detailed and patients did not receive a copy. The GPs told us that this was because these care plans changed frequently. We did however see evidence of discussion having taken place with patients during end of life care.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions were in most areas similar to local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. There was also a hearing loop for patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (2.2% of the practice list). The PPG had been instrumental in promoting carer support. There was expertise within the PPG and a comprehensive carer pack had been put together for carers to take away which provided information on local support available. Patients identified as carers were offered flu vaccinations and a health check. A carers event had been held at the practice with the support of the PPG during 2015.

Staff told us that if families had suffered bereavement they sent a condolence card with information about bereavement support available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice reserved their early and late appointments for working patients.
- There were longer appointments available for patients who needed them and this was promoted in the practice newsletter. Staff also gave examples of how they accommodated patients with specific needs.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities which included disabled parking and toilet facilities. Access was via ramp. Their main entrance was not automated but following patient feedback a doorbell had been installed to request for assistance.
- The practice had a hearing loop and translation services available if needed.
- The practice had baby changing facilities and staff told us that they would make available a room for breast feeding if requested.
- The practice provided a range of diagnostic and monitoring services in-house for the convenience of patients. These included minor surgery, anti-coagulation services, spirometry, electrocardiographs and ambulatory blood pressure monitoring.
- With input from the PPG the practice was supporting a local scheme 'message in a bottle'. Patients were given a container in which they kept important information about them in their home should emergency services be called.
- The practice had recently started to take part in a CCG led initiative for ambulance triage. A scheme in which the GPs provide advice to paramedics and facilitate support for patients within primary care as an alternative to accident and emergency.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday, except Wednesday when it closed at 1pm. Phone lines closed between 1pm and 2pm when a duty doctor system operated. Appointments were from 8.15pm to 12 noon and between 2pm and 6.30pm with the exception of Wednesday. The practice did not offer any extended hours appointments.

The majority of appointments were same day appointments released at 8am each morning. Appointments were made using a triage system, information collected by the reception staff was reviewed by a GP. Patients were then allocated the most appropriate service for example a face to face appointment or telephone consultation. There were some pre-bookable appointments which included those that could be made on-line and the earlier and later appointments that were held for patients who worked.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 77% of patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. For a working patient we saw that the next available pre bookable appointment was within three working days but with a nurse for a longer appointment such as a smear test the next appointment was in four weeks time. When asked there were no same day appointments left but we were told we could be put on triage for a call back.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet which told patients of expected timescales for handling complaintsand alternative agencies the patient could go to if they were unhappy with the practices response. There was also information about complaints advocacy support available.

The practice had received 18 complaints in the last 12 months. We reviewed the practices complaints file and saw that these had been satisfactorily handled in a timely way.

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 aimed to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed around the practice and staff knew and understood this.
- There was a practice charter which set out their responsibilities to patients and also of patient responsibilities to the practice.
- The practice was aware of some of the challenges it faced and as a service and had during the last six months had employed a new practice manager with the IT skills needed. However, the practice manager had not previously worked in general practice and was in the process through buddy arrangements of developing further knowledge of r the position.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the service:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice staff had an understanding of the performance of the practice and there systems in place to ensure patients received regular reviews of their conditions.
- There was evidence of clinical audits to monitor quality and support improvements.

However,

- While practice policies were accessible to staff from their computers many of these were in the process of being reviewed. We identified some that were brief and lacked detail for staff to follow for example the prescribing policy. One member of the administrative team was unable to tell us if there was a policy for handling clinical specimens and was unable to find one for cleaning spills. Although staff were able to tell us the processes in place.
- We found some weaknesses in the management of risks for example those relating to the premises and in relation to medicines management. The new practice manager had not received a formal handover when they started and was new to general practice. They told us that there were plans to go through risk management with their buddy who was supporting them.

Leadership and culture

We received positive feedback from staff, patients and community staff about the partners and care provided. Staff told us the partners were approachable and supportive. They took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us the partners encouraged a culture of openness and honesty. However, there were few examples available to show that patients were routinely informed when things went wrong with care and treatment.

Staff told us that there was a clear leadership structure in place and that they felt supported by senior staff. However, while we saw evidence of regular GP meetings there was little evidence of regular meetings for administrative and nursing staff. Staff we spoke with told us that the main route for the dissemination of information was through direct discussions or via email. One member of staff told us that they were not concerned by the lack of meetings as there was an open culture within the practice.

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

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

- The practice had a very proactive patient participation group (PPG) which it gathered feedback from. The PPG had received an award from the CCG in recognition to their work. There were ten members who met regularly. The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had championed the support for carers. They had also been involved in reviewing the practice leaflet.

Are services well-led?

Requires improvement

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

- Staff told us they felt involved and engaged to improve how the practice was run but did not have any specific examples.

Continuous improvement

The practice was a training practice for qualified doctors training to become GPs. They told us that they felt well supported and had opportunities to discuss any concerns they might have.

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 **How the regulation was not being met:** Systems in place to manage the risks associated with medicines were not sufficiently effective. We found patients on high risk medicines with prescriptions in which the quantity of medicines exceeded monitoring dates and patients on multiple medicines who were able to obtain repeat prescriptions without GP review. Policies and procedures relating to repeat medicines did not provide adequate guidance to administrative staff processing prescriptions. At the time of inspection blank prescriptions were not monitored to ensure a clear audit trail of their use. This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not have effective systems for managing risks relating to the premises including risks relating to the environment and fire safety. There was a lack of clear systems for ensuring learning from safety incidents were shared with staff. This was in breach of regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.