

The Redwell Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Redwell Medical Centre on 30 September 2015. Overall the practice is rated as good but the safe domain 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. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks for staff, infection control and medicines management.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

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

The provider must:

- Ensure robust recruitment procedures are implemented and followed prior to employment of staff.
- Introduce systems to ensure effective management of infection control in line with national recommendations.
- Establish a system to ensure the safe management of prescriptions.

Summary of findings

Additionally the provider should:

- Ensure information regarding the complaints procedure is freely available.

- Ensure policies and procedures are regularly updated.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Risks to patients who used services were assessed, although some of the systems and processes to address these risks were not always implemented consistently enough to ensure patients were always kept safe. This specifically related to the recruitment process, where we found some areas of the appropriate checks had not been undertaken for some staff. There was also absence of a process to ensure the monitoring of prescription pads. The practice took immediate action to rectify this. They provided evidence that the appropriate systems were now in place and would be followed and that checks had been carried out on the relevant staff. However, they could not demonstrate that this had been effective over time on the day of our inspection.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average both for the locality and nationally. 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 relevant 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 staff. We saw evidence that staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others in the CCG for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The needs of patients were reviewed and where developments to services were identified the practice engaged with the Clinical

Good



Summary of findings

Commissioning Group (CCG) to secure improvements. The practice had good facilities and was well equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand from behind reception. However, information regarding the complaints procedure was not visible in the waiting area. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity although some required updating, specifically the business continuity plan, and whilst some of the telephone numbers required updating, the arrangements for the premises identified for use in an emergency had not changed. They held regular meetings where governance issues were discussed. There were systems in place to monitor and improve quality and identify risk. The patient participation group (PPG) was a virtual one via a website, and the practice sought feedback via this and acted upon it. Plans were in place to commence an actual group and a planning meeting had taken place. Staff had received inductions, regular performance reviews and attended staff meetings and protected learning events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. 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. It was responsive to the needs of older people, and offered home visits and responded quickly to those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those at the end of life, those at high risk of admission to hospital and those with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health were offered 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.

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.

Good



Summary of findings

What people who use the service say

We looked at the national GP patient survey results published in July 2015 and saw there were 116 responses and a response rate of 42.3%. The results showed the practice was performing above local and national averages in areas relating to care from GPs although results were slightly below the local and national averages regarding some other areas. For example:

- 66% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 74%.
- 50% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 55% and a national average of 61%.
- 64% described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 74%.
- 55% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 44% felt they did not normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

However, patients experience regarding reception and appointments was more positive. For example:

- 88% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 86%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 90% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 15 comment cards which were all positive about the standard of care received. Comments frequently referred to the caring GPs and staff at the practice and how the patients felt listened to. Patients had referred to specific incidents where they had received good care and prompt referral to other services when required. Only one card referred to occasional difficulty in getting an appointment.

Areas for improvement

Action the service **MUST** take to improve

- Ensure robust recruitment procedures are implemented and followed prior to employment of staff.
- Introduce systems to ensure effective management of infection control in line with national recommendations.

- Establish a system to ensure the safe management of prescriptions.

Action the service **SHOULD** take to improve

- Ensure information regarding the complaints procedure is freely available.
- Ensure policies and procedures are regularly updated.

The Redwell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

Background to The Redwell Medical Centre

The Redwell Medical Centre provides primary medical services from a single storey building, to a practice population of approximately 12,200 patients in Wellingborough and the villages of Hardwick, Great Harrowden, Little Harrowden, Orlingbury, Wilby and Mears Ashby in Northamptonshire. The practice provides primary medical services under a General Medical Service (GMS) contract.

There are seven GP partners, four of whom are female and four salaried GPs, three practice nurses and a nurse practitioner, two health care assistants and an acting practice manager who are supported by a number of administrative and reception staff.

The practice population has a higher than average number of patients in the 40 to 75 year age group and data indicates there is not a high level of deprivation in the area.

The practice is open between 8am and 6.30pm on Mondays to Friday with extended hours appointments available on Thursdays from 6.30 until 8pm. The practice also opens on some Saturday from 8am until 11am for pre-booked appointments only. When the practice is closed out of hours services are provided by Integrated Care 24 Limited.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

- 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)

Before inspecting the practice, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried

out an announced inspection on 30 September 2015. During our inspection we spoke with a range of staff including GPs, the acting practice manager, the nurse practitioner, practice nurse, health care assistant and reception and administration staff. We also spoke with patients who used the service. We observed how people were dealt with when attending the practice and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

Following discussions with staff we found there was an open and transparent approach for reporting and recording significant events. Staff told us they would report significant events and any issues regarding safety to the practice manager or one of the partners. There were systems in place for reporting significant events, we saw that they were reported and investigated and all staff learned from them. Administration and reception staff confirmed that outcomes of any significant events were discussed at staff meetings but they were not informed of any clinical events routinely. They told us these were discussed with the GPs and outcomes only emailed to other staff if they considered it relevant to their role. We saw minutes of staff meetings which demonstrated that an outcome from a significant event had been shared with staff.

All complaints received by the practice were recorded, acknowledged and investigated appropriately to ensure they addressed and learned from any issues of regarding safety.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The lead GP received safety alerts and would direct them to the most appropriate person to deal with. The acting practice manager demonstrated they had their own computerised method of categorising any areas which required action or follow up. Applicable incidents were reported through the National Reporting and Learning System (NRLS) to NHS England so these could be reviewed nationally.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe, although there were several omissions which are included below:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's

welfare. There was a lead GP for safeguarding who was trained for the role and provided in-house training for other staff at the practice. Staff demonstrated they understood their responsibilities and confirmed they had received training relevant to their role. One member of staff was able to give an example of identifying concerns regarding suspected child abuse. We saw evidence that all staff had received training in both adult and child safeguarding in April 2015.

- A notice was displayed in the clinical treatment and consulting rooms, advising patients that a chaperone was available, if required. The practice had a chaperone policy but this required updating. Staff told us that only nurses acted as chaperones. However, at the time of inspection we noted that two nurses and a health care assistant who had worked for the practice for many years had not received disclosure and barring checks (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Following our inspection the practice informed us that they had applied for DBS checks for the two nurses and health care assistant who had not received a DBS check which had been returned as satisfactory and they submitted evidence to confirm this.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the practice. The practice had up to date fire risk assessments and fire drills were carried out. All electrical equipment was checked by an external contractor to ensure it was safe to use and clinical equipment was checked to ensure it was working properly and we saw documentation to demonstrate this. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella and appropriate checks had been carried out.

Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. We noted the practice did not have an identified infection control lead as they had left the practice a month prior to our inspection. We also noted that an infection control audit was not available, although staff told us that an audit

Are services safe?

had been carried out by an external infection control specialist but they did not have the outcomes available. Nursing staff had been trained in infection control and we saw they routinely carried out procedures to ensure the cleanliness of their clinical environment. There was also an infection control policy available in the treatment area. We saw that appropriate infection control precautions were in place. For example, appropriate hand washing facilities and clinical and non-clinical waste disposal and we saw that privacy screens in the treatment areas had been changed regularly and dated. Following our inspection the practice contacted us and informed us that a new infection control lead had been allocated and an infection control audit had been booked for December 2015.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medication audits were carried out with the support of the local CCG pharmacy advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were securely stored but there was no system in place for recording when a GP took a prescription pad from the stock to monitor their use. However, following our inspection the practice implemented a system to address this and confirmed that this was now in place.
- The practice did not have a formal recruitment policy but did carry out recruitment checks. Recruitment checks had been undertaken, but these were not complete for all staff. Of the three staff files we reviewed, two did not contain evidence of satisfactory conduct in previous employment as the practice knew the one of the staff concerned from a local practice and for the other they had been sought but they had not received a response. However, they did show for example, proof of identification, qualifications, an induction checklist, and registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Following our inspection the practice informed us they had developed and agreed a recruitment policy and checklist for new staff and provided evidence of this.

- 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 which was done six weeks in advance. We saw a rota for the GPs which demonstrated who was a 'buddy' to cover for planned and unplanned absence. The practice ensured that administration and reception staff were able to carry approximately three roles each to enable them to cover for each other when necessary. The practice had experienced difficulties recruiting staff recently and was currently without a practice manager. However, they demonstrated they were managing this situation and had made plans regarding how they were going to address this utilising the skills of an experienced member of the team with knowledge of the practice with a view they would apply for the permanent position. We saw that staff were responding well to newly allocated responsibilities.

Arrangements to deal with emergencies and major incidents

Staff told us there was a 'panic' button available on the all the computers on all terminals which sent an instant message alerting all staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. One member of staff gave an example of when they had used this recently and confirmed that it worked well. The practice had a defibrillator available on the premises and oxygen with adult and children's masks and a first aid kit was also available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage but the last review date was in 2010. The plan included emergency contact numbers for staff some of which required updating, however, we noted the arrangements for where the practice would function in the event of an incident remained unchanged.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date using the practice intranet. They had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. We saw evidence of how a patient had been appropriately monitored, treated and followed up in line with the latest NICE guidance. The practice monitored that these guidelines were followed through risk assessments and audits.

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 achievement was 100% of the total number of points available, with 7.6% exception reporting. The QOF includes the concept of 'exception reporting' 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. Therefore the practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed the practice had performance above the local CCG and national average in all clinical areas of the QOF.

These included areas such diabetes, chronic obstructive pulmonary disease, heart failure, dementia, asthma and epilepsy.

The practice had a specific GP who had responsibility for the QOF process. Clinical staff we spoke with were aware of this and demonstrated a commitment to maintaining a high achievement. They told us they were supported by good systems for call and recall for the review and management of long term conditions.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw two clinical audits completed in the last year. These were completed audits which identified training needs and also the benefit of GPs carrying out ward rounds in care homes. The practice participated in local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, the management of leg ulcers had been reviewed and considerable work had taken place with other professionals to develop new protocols to manage these more effectively and achieve better outcomes for patients. The practice had plans to share this work with other practices in the area.

Effective staffing

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

- The practice had an induction checklist for newly appointed non-clinical members of staff that covered a variety of areas and included topics such as safeguarding, fire safety, health and safety and confidentiality. We saw there was a plan for the latest member of the administration team which involved shadowing and subsequent assessment followed by a three month, six month and one year review. Staff members we spoke with confirmed the reviews had taken place.
- 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 was facilitated by the availability of online training, protected learning sessions and external training. The nursing team had regular meetings with an allocated GP which provided an opportunity to discuss any clinical issues, developments or training needs. There was also facilitation and support for the revalidation of doctors. Staff we spoke with had received an appraisal or a recent review where they had been able to identify training and development needs. For example, one nurse was intending to commence training as a nurse prescriber next year.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support, infection control and health and safety.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. For example, we saw evidence that the GPs liaised with staff at a local care home and that one GP had liaised with consultants from the local hospital to improve care regarding leg ulcers. The practice met with the district nursing team weekly and care plans were reviewed and updated and any relevant information was communicated to other disciplines when necessary.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, and were aware of the principles of the Mental Capacity Act (MCA) 2005. We noted that MCA training had been scheduled to take place in October 2015. 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 practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had alerts on their clinical system for patients who may be in need of extra support and who had been identified by the practice. These included patients at the end of their lives, those with cancer or a serious illness. There were also alerts for children who were at risk of harm and patients at risk of admission to hospital. This system alerted staff to these patients in order that they could be prioritised and directed to speak with the GP urgently.

Patients were signposted to relevant support services such as the Well Being team which provided support to patients with mental health issues. They also referred to the specialist mental health worker and community mental health team. Patients with obesity were offered referral to the local gym and exercise sessions at a reduced rate. Patients who required smoking cessation were signposted to the smoking cessation clinic which was hosted at the practice and provided by Northants Smoking Cessation Service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78.4%, which was above the CCG average of 76.5% and the national average of 76.7%. They followed the national guidance regarding patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice offered chlamydia screening to young people between 15 and 24 years and provided barrier methods of contraception for patients when appropriate.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 97.5% and five year olds from 91.1% to 96.6%. Flu vaccination rates for the over 65s were 77.3%, and at risk groups 56.8%. These were also above national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout our inspection we observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. We saw that people were treated with dignity and respect. Consulting rooms had appropriate curtains in place, so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We also noted that consultation and treatment room doors were closed during consultations, ensuring that conversations taking place in these rooms could not be overheard. A private room was available for reception staff to use if patients wanted to discuss sensitive issues or appeared distressed.

We spoke with seven patients who told us that staff listened to them, answered questions and they were kind and helpful. Patients comment cards also reported they were treated with care, dignity and respect. Fifteen CQC comment cards had been completed by patients at the practice, all except one of which had positive comments about the service and care experienced. We noted only one comment card which made reference to a patient experiencing difficulty getting through to the practice by telephone.

The national GP patient survey asked patients if they were happy with how they were treated. The findings noted below are based on 116 survey responses published in July 2015. The practice was above average for most of its satisfaction scores on consultations with doctors although satisfaction regarding nursing staff was less positive resulting in satisfaction rates below the CCG and national average. Examples of satisfaction with GPs included:

- 95% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

• 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

• 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they had enough time to discuss their health issues with the GP and did not feel hurried during their consultations. They reported that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. 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 felt involved in their care planning and decisions about their care and treatment. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%

Staff told us that a telephone and face to face translation service was available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The waiting room at the practice had notices displayed which provided information and contact details for support groups and organisations, including Macmillan Cancer Support, Alzheimer's Society and Asthma UK. The practice also had a website with information about other services and support available.

GPs were notified by the computer alert system when patients who had caring responsibilities attended the practice. These ensured carers were offered additional support for example, health checks, flu vaccinations and referrals to social services if required. Following a bereavement the patient's own GP would be notified to assess and determine what method of communication and

Are services caring?

support would be required for the bereaved family and appropriate signposting. GPs demonstrated several examples of how they had provided care and support to patients during complex and difficult health crises.

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 plan services and to improve outcomes for patients in the area. Issues from the CCG locality meetings were discussed at the practice meetings. The practice worked with other agencies, for example, health visitors, midwives and community nurses and secondary care consultants to meet the needs of patients.

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

- The practice had introduced 15 minute appointments for some consultations.
- Patients identified with specific health issues for example, those with alcohol and substance misuse problems were referred to specialist agencies to meet their needs.
- Home visits were available for older patients and patients who required them.
- Urgent access appointments were available those with a serious medical condition.
- Urgent or same day appointments were available for sick children as necessary.
- Telephone appointments were available for patients who could not attend the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs and there were automatic doors at the entrance to the practice.

Access to the service

The practice was open from Monday until Friday from 8.30am until 6.30pm and did not close at lunchtime.

The practice also offered pre-booked doctor and nurse appointments on some Saturdays from 8am until 11am and from September 2015 was offering extended hours appointments on Thursday evenings until 8pm.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed, although results showed satisfaction was slightly below the local and national averages in most areas. For example:

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.
- 64% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 74%.
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

The practice had been taking steps to address this by improving communication to inform patients of the online booking system as online appointments slots were often left unbooked. They had also changed the telephone number from an 0844 to a regular landline number.

Listening and learning from concerns and complaints

The practice had a complaints policy and procedures that were in line with recognised guidance and contractual obligations for GPs in England. The practice had designated a member of the staff as named contact for managing complaints within the practice. A complaint form and comprehensive information leaflet giving details of how to complain was available from the reception staff but there was no information in the reception area informing patients of how to complain or access this information. However, the practice website included information on how to make a complaint and identified the escalation process, if patients were not satisfied with the response from the practice.

We looked at a summary of complaints received in the past 12 months. The concerns brought to the attention of the practice had been investigated and responded to appropriately. We saw that procedures had been reviewed and improvements introduced to services where this was possible. For clinical issues, matters were discussed as

Are services responsive to people's needs?

(for example, to feedback?)

agenda items at the practice meetings and learning was recorded and implemented as necessary. The complaints had been discussed and lessons learned shared within the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and held meeting every year to plan for the future. There was a caring ethos within the practice and staff demonstrated a commitment to achieving the best outcomes for patients and staff knew and understood the practice values. The practice had experienced significant unexpected staff changes prior to our inspection and had organised planning meetings to amend their strategy to support the practice to continue to achieve its vision.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care.

This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, and whilst the previous practice manager had recently left, measures had been taken to manage this and a plan implemented to replace them.
- Practice specific policies were implemented and were available to all staff, with the exception of a recruitment policy, which the practice addressed immediately and provided evidence of this.
- Staff understood the performance of the practice
- Internal audit was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This was with the exception of DBS and reference checks. The practice staff this referred to had been with the practice for many years prior to the mandatory requirement for these checks. However, the practice contacted us with evidence to demonstrate that DBS checks had been applied for and returned as satisfactory.

Leadership, openness and transparency

The practice had recently experienced significant changes in key staff members and we saw evidence that they had addressed this and were managing the situation appropriately. The partners prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty and staff we spoke with confirmed this. We saw an example of significant support provided for a staff member to enable them to carry out their role effectively following health issues.

We saw minutes from both whole team meetings and meeting with the nursing team which were comprehensive and detailed and partners meetings were held weekly. Staff told us that they attended and minutes were emailed to them. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff felt encouraged to share ideas and suggestions regarding improvements and potential developments in service they may have had.

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

The practice had experienced difficulty in forming a patient participation group (PPG) and had formed a virtual group via a specific webpage. They had ten members and encouraged and valued feedback from patients in this way. However, at the time of our inspection they were in the process of forming an actual PPG and had an initial meeting planned for October 2015 to discuss the terms of reference and future meetings. They had gathered feedback from patients through the virtual PPG and through surveys and complaints received. They had created an action plan which addressed the issues identified, namely regarding continuity of care and access to appointments.

The practice had also gathered feedback from staff through staff meetings, appraisals and team discussions on an ad hoc basis. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The provider was not ensuring the proper and safe management of medicines. Specifically there was no system in place to record and monitor when GPs took handwritten prescriptions from stocks.</p> <p>The provider was not assessing the risk of and preventing detecting and controlling the spread of infections, including those that are health care associated. Specifically, they had not allocated an infection control lead or carried out an infection control audit where outcomes and actions could be addressed.</p> <p>This was in breach of Regulation 12 (2) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>We found that the provider did not operate effective procedures in order to ensure persons employed for the purposes of carrying out the regulated activities were of good character. This was because appropriate pre-employment checks had not been carried out and recorded such as, Disclosure and Barring checks (DBS) had not been made on some clinical staff that needed this check.</p>

This section is primarily information for the provider

Requirement notices

Recruitment checks had been undertaken, but these were not complete for all staff. They did not contain satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, children or vulnerable adults.

This was in breach of Regulation 19 (2)(a) (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.