

# Phoenix 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Phoenix Medical Centre on 24 March 2015. Overall the practice is rated as Requires Improvement.

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

- Systems were in place to ensure incidents and significant events were identified, investigated and reported. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents though no formal training had taken place. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The premises required improvement, the risks associated with the building were not regularly risk assessed.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had received training appropriate for their roles and any further training needs had been identified and planned.
- Patients spoke highly about the practice and its staff. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available on the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

# Summary of findings

## Action the provider **MUST** take to improve:

- Ensure full and complete required information relating to workers is obtained and held when recruiting staff. This must include a Disclosure and Barring Service (DBS) check for all staff with chaperoning responsibilities.
- Ensure that staff and patients are protected against risks associated with unsafe premises. This must include implementing a system for identifying, assessing and managing risks associated with the building. Such as access and the security of the building. A local fire safety risk assessment for the practice must be carried out. The practice must develop a planned and preventative maintenance programme for the building.

## Importantly the provider **should**;

- Provide adverse incidents, errors, near misses training and guidance to all staff.
- Ensure all staff undertake vulnerable adult safeguarding training.
- Implement a system for regular clinical audit leading to improvements in clinical care.

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 as there were areas where it should make improvements. Risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were safe. For example the fitness checks carried out on staff and the risk assessments undertaken to ensure the fitness of the premises. 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. Medicines management and infection control arrangements were satisfactory.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from The National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Systems were in place to manage, monitor and improve outcomes for patients. Effective staffing arrangements were in place.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice high in terms of how caring staff were. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. 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. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice demonstrated how it learned from complaints in co-operation with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy, though not formally documented. There was a clear leadership structure and staff felt supported by management. Regular practice meetings took place though it was felt that a clinically led meeting might improve the supervision opportunities for the practice nurse. The practice had a number of policies and procedures to govern activity and held regular practice meetings, though reception and administration staff did not routinely attend these. There were systems in place to monitor and improve quality and identify risk, though audit activity required improvement. The practice proactively sought feedback from staff and patients, which it acted on. Risk assessments were in place but the risks associated with the premises were not regularly identified and appropriate actions taken. Staff had received inductions, regular performance reviews and attended staff meetings and events.

## Requires improvement



# 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

There were aspects of care and treatment that required improvement that related to all population groups. Nationally reported data showed that outcomes for patients were good for conditions commonly experienced by older people. All patients over 75 had a named, accountable GP. Older patients with chronic, complex medical conditions and social needs had their own community matron assigned to them, undertaking home visits as required. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, offering flu vaccination and home visits if needed.

The practice had undertaken electronic searches of this population group, including identifying those patients who lived alone, who had caring responsibilities and who had been seen in the last 12 months. We saw how further reviews took place to identify those patients who had four or more long term conditions, those who attended A&E recently and those who were housebound.

Requires improvement



### People with long term conditions

There were aspects of care and treatment that required improvement that related to all population groups. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

There were aspects of care and treatment that required improvement that related to all population groups. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were just below the CCG average for most of the 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

Requires improvement



# Summary of findings

good examples of joint working with midwives, health visitors and school nurses. The practice undertakes a joint six week child assessment including the administration of childhood vaccines. Patient information sign posted young people to sexual health services in the area.

## **Working age people (including those recently retired and students)**

There were aspects of care and treatment that required improvement that related to all population groups. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. One late evening session was made available for patient appointments. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

There were aspects of care and treatment that required improvement that related to all population groups. The practice held a register of patients living in vulnerable circumstances and annual health checks were carried out for this population group. Staff were knowledgeable about how to support patients with alcohol and drug addiction problems sign posting them to support services locally.

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 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.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

There were aspects of care and treatment that required improvement that related to all population groups. Systems were in place to ensure people experiencing poor mental health had received an annual physical health check. This included identifying those patients on the practice register that may benefit from a dementia needs review. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

**Requires improvement**



## Summary of findings

A number of patient information leaflets and posters were seen in the waiting area, sign posting patients to agencies that could provide support to the patient or their families.



# Summary of findings

## What people who use the service say

We received 29 completed patient CQC comment cards and spoke with three patients who were attending the practice on the day of our inspection. We heard how staff treated them with dignity and respect, they were helpful and approachable. The comments cards all stated that practice staff were friendly and polite. Patients felt that staff knew their needs well because they had worked at the practice for a number of years.

Patients told us the practice had compassionate staff, particularly when dealing with patients and relatives who had suffered bereavement. They reported helpful and

caring GPs, reception and practice staff. The comments made in the CQC comments cards reflected similar results to the national GP patient survey. The national survey reported that 95% find the receptionists at this surgery helpful and 90% said the last GP they saw or spoke to was good at giving them enough time. Positive results were shown for how good the GP and practice nurse was at explaining tests and treatments and for showing care and concern during their appointment. Ninety seven per cent of patients reported feeling confidence and trust in the last GP they spoke to.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure full and complete required information relating to workers is obtained and held when recruiting staff. This must include a Disclosure and Barring Service (DBS) check for all staff with chaperoning responsibilities.
- Ensure that staff and patients are protected against risks associated with unsafe premises. This must include implementing a system for identifying, assessing and managing risks associated with the building. Such as access and the security of the

building. A local fire safety risk assessment for the practice must be carried out. The practice must develop a planned and preventative maintenance programme for the building.

### Action the service **SHOULD** take to improve

- Provide adverse incidents, errors, near misses training and guidance to all staff.
- Ensure all staff undertake vulnerable adult safeguarding training.
- Implement a system for regular clinical audit leading to improvements in clinical care.

# Phoenix Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

## Background to Phoenix Medical Centre

Phoenix Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 3513 patients living in the St Helen's area of Merseyside. The practice has two male GPs, a practice manager, practice nurse, administration and reception staff. Phoenix Medical Centre holds a Personal Medical Services (PMS) contract with NHS England.

The practice opening hours are Monday to Friday 8.30 – 6.00 with additional appointments available from 6.30-8.30pm on Mondays which are reserved and pre bookable. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of St Helen's Clinical Commissioning Group (CCG). The practice is situated in an area with high deprivation. The practice population has a higher than national average patient group aged 65 years and over. There are higher deprivation scores for older patients compared to national figures. Sixty per cent of the patient population has a long standing health condition, whilst 63% have health related problems in daily life.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

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

## Detailed findings

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring System. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 24 March 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed CQC comment cards left for us on the day of our inspection.

We spoke with the practice manager, registered manager, GP partners, practice nurses, administrative staff and reception staff on duty. We spoke with patients who were using the service on the day of the inspection.

We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We discussed with GPs how they made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff were encouraged by the management team to share information when incidents and untoward events occurred. They were clear that the practice manager and GP would be notified when events occurred. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

### Learning and improvement from safety incidents

The practice had systems in place for reporting, recording and monitoring significant events. Records were kept of significant events that had occurred during the last 12 months and these were made available to us. Staff reported an open and transparent culture when accidents, incidents and complaints occurred. However some of the staff we spoke with were unsure what constituted a reportable incident, they had not received guidance or training and had never completed an incident record. We discussed some incidents that had occurred which should have been reported as a serious incident. Mostly staff told us that if an incident occurred it would be reported to the practice manager or GP on duty. We looked at a number of reports that had been completed and we were satisfied that appropriate actions and learning had taken place. All actions were monitored at regular monthly practice meetings. There was evidence that appropriate learning had taken place and that the findings were shared with relevant staff. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

The practice had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG). Staff received alert notifications from national safety bodies and all relevant staff were aware of these.

From the review of complaint investigations held at the practice, we saw the practice ensured complainants were given full feedback and learning had taken place.

### Reliable safety systems and processes including safeguarding

There was a local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. Staff had undertaken electronic learning regarding safeguarding of children, however adult safeguarding training had not taken place for any staff in the practice. There was a chaperone policy in place. We saw that there was signage in the consultation rooms offering chaperones if needed.

The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children. They had the necessary level of training to enable them to fulfil this role. The lead safeguarding GP was aware of vulnerable children and adults registered with the practice and safeguarding records demonstrated good liaison with partner agencies such as the police and social services. All staff we spoke with were aware who the safeguarding lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments, for example children subject to child protection plans.

### Medicines management

The practice had clear systems in place for the management of medicines. There was a system in place for ensuring a medicines review was recorded in all patients' notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the Medicines Manager and Clinical Commissioning Group (CCG) pharmacists to review prescribing trends and medicines audits.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw that fridge temperatures

## Are services safe?

were monitored twice daily to ensure safety. The fridge was adequately maintained and staff were aware of the actions to take if the fridge was out of the correct temperature range.

We observed effective prescribing practices in line with published guidance. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. Information leaflets were available to patients relating to their medicines. We reviewed the doctor's bags available to GPs when doing home visits and found they routinely carried medicines for use in patients' homes.

Clear records were kept when any medicines were brought into the practice and administered to patients. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with regulations. We saw that medicines management was reviewed during monthly practice and partner meetings if required actions were taken in response to reviewing prescribing data.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were appropriate and necessary. All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw that blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice had the equipment and in-date emergency drugs to treat patients in an emergency situation. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely and were monitored to ensure they were in date and effective. These medicines were monitored for expiry dates on an ad hoc basis and no written records were made of this.

### Cleanliness and infection control

We saw the premises were clean and tidy although the practice was located in an old building facing the

challenges of on-going maintenance and repair. We saw there were cleaning schedules in place. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a staff member with lead responsibilities for infection control who had undertaken additional training to enable them to provide advice to the practice concerning infection control and to carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw that the lead for infection control carried out an infection control audit in February 2015; however the risks identified did not include furnishings such as soiled and damaged carpets. We saw an action plan had been in place after the audit and that any improvements identified for action were completed on time. Practice meeting minutes showed the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. There was also a policy for needle stick injury. Hand washing techniques signage was displayed in staff and patient toilets. Hand washing basins with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometers.

### Staffing and recruitment

## Are services safe?

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken, such as references, medical checks, professional registration checks, photographic identification. However not all staff whose role required it, including those with chaperoning responsibilities, had a Disclosure and Barring Service (DBS) check completed before commencement of work and there was no risk assessment in place for this. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of medicines, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see. The identified health and safety representative for the practice was the practice manager. We did not see evidence of risk assessments in place for general environmental and premises risks. Some of this was in place such as Control of Substances Hazardous to Health (COSHH), equipment risks or legionella but during the inspection we identified a number of issues related to the fitness of the premises which required improvements.

The building was old and needed regular assessment, maintenance and updating. Some maintenance had been carried out such as repairs to a leaking roof and to some of the consultation rooms but other areas required further work to ensure fitness for purpose. Staff rooms used for offices needed structural and electrical repair works. Carpets in the main patient corridor had been damaged after the roof had leaked and had not been repaired. Heating was inadequate in some parts of the building. The practice did not routinely undertake environmental health and safety risk assessments and there was no preventative maintenance programme for the building in place.

Patient access was at the front and the back of the building. Those entering at the front would be greeted by

receptionists and were therefore known to be in the building but the back entrance remained unlocked and members of the public could gain access to the building without reception staff being aware of this. Access via this entrance also brought people into the main patient corridors outside the consultation rooms and treatment rooms.

The practice had not undertaken a recent patient access audit so could not confirm that all access points were accessible to wheelchair patients.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use but this was carried out on an ad hoc basis and no records were kept of this. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and events which might prohibit access to the building. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken however an annual fire safety risk assessment had not been carried out.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. We found they were up to date with best practice. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. We spoke with senior staff who confirmed that when new guidance was issued changes were made to the template assessment documents used by nurses for the management of long term conditions.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. The practice clinicians worked together as a team, however regular clinical meetings were not taking place so they missed the opportunity to share best practice and discussions about complex cases.

The practice profile issued by the Clinical Commissioning Group (CCG) showed data for the practice's performance for antibiotic prescribing, which was comparable to similar practices. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

The practice profile showed that the practice was in line with referral rates to hospital and other community care services for all conditions. All GPs we spoke with used national standards for the referral of different specialities. We spoke with the GPs about how this was achieved and monitored.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included

data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

We found that clinical audits were carried out in an informal basis. The audit presented to us was not a clinical audit but one that reviewed the processes and impact of the duplication of communications with general practice. Other examples included audits to confirm that the GPs who undertook minor surgical procedures were doing so in line with their registration and National Institute for Health and Care Excellence guidance. Other audits we saw were linked to medicines management information, or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This information was used for example to monitor the population group registers such as for patients with learning disabilities, older patients or specific medical conditions such as diabetes. Regular monitoring of the QOF targets enabled the practice to ensure all needs including annual reviews were taking place for these patients.

The practice had systems in place for checking that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. This was monitored by the practice manager and the lead practice nurse. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

# Are services effective?

(for example, treatment is effective)

The practice had achieved and implemented the Gold Standards Framework for end of life care. It had an end of life register, a staff member had been given recent responsibility to attend and lead meetings to discuss the care and support needs of patients and their families.

## Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all had either been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by General Medical Council can the GP continue to practice and remain on the performers list with the NHS England). We noted improvements were needed to ensure that training, continuous professional development (CPD) and professional registration status' information was held on staff files.

All staff had annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training for relevant courses. Nursing staff we spoke with told us the practice was very supportive when training and regular updates were needed.

Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, administration of vaccines, or cervical cytology or assessing patients with long term conditions.

## Working with colleagues and other services

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patient's needs. We saw effective communication, information sharing and decision making about who might best meet the patient's needs. We saw good communications with the out of hours services with information about the patient being shared with the practice each day by 8am. This included important information for instance for patients on the end of life care pathway whose needs may have changed overnight. Information received from other agencies, for example

accident and emergency department or hospital outpatient departments were read and actioned by the GPs in a timely manner. Information was scanned onto electronic patient records in a timely manner.

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries and information from out of hour's providers were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in the passing on, reading and actioning of any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. The practice had a system in place to ensure all patients discharged from hospital were seen and their conditions reviewed.

The practice worked closely with other health and social care providers in the local area. The GPs and the practice manager attended various meetings with management and clinical staff from practices across the CCG. These meetings were used to share information, good practice and national developments and guidelines for implementation and consideration.

The practice attended various multidisciplinary team meetings at regular intervals to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by community staff such as district nurses, health visitors, social workers and end of life care nurses.

## Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. Information was shared in this way with hospital and other healthcare providers. We saw that all new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital



# Are services effective?

## (for example, treatment is effective)

discharge letters were reviewed on a daily basis by doctors in the practice. We found that when patients moved between teams and services, including at referral stage, this was done in a prompt and timely way.

We found that staff had all the information they needed to deliver effective care and treatment to patients. For emergency patients, patient summary records were in place. This was an electronic record that was stored at a central location. The records can be accessed by other services to ensure patients can receive healthcare faster, for instance in an emergency situation or when the practice is closed.

### Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling this. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. They gave examples in their practice of when best interest decisions were made and mental capacity was assessed prior to consent being obtained for an invasive procedure. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for minor surgery a patient's written consent was obtained and documented.

### Health promotion and prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided patients with information about other health

and social care services such as carers' support. Staff we spoke with were knowledgeable about other services, how to access them and how to direct patients to relevant services.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this. Patient and population group registers were in place to enable the practice to keep a register of all patients requiring additional support or review, for example patients who had a learning disability or a specific medical condition such as diabetes.

Practice records showed that those who needed regular checks and reviews had received this and the IT system monitored the progress staff made in inviting patients for their annual health review. This included sending letters and telephone calls to patients to remind them to attend their appointments. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was average for the CCG area.

The practice's performance for cervical smear uptake was 84%, which was better than others in the CCG area. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who did not attend. There was also a named nurse responsible for following up patients who did not attend screening.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Consultations took place in designated rooms with a couch for examinations and screens to maintain privacy and dignity. Staff we spoke with were aware of the importance of providing patients with privacy and confidentiality. We observed staff were discreet and respectful to patients despite the reception area being open plan. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed the most recent data available for the practice on patient satisfaction. This included data sources such as the national patient survey, the practice survey and the CQC comments cards completed during our inspection. Overall patients reported being treated by staff with dignity and respect and in general they were satisfied with the care they received. Most commented on how practice staff had known them and their families for many years and they felt confident in the care they received. The national GP patient survey reported that 97% of patients had confidence and trust in the last GP they saw or spoke to and 97% say the last nurse they saw or spoke to was good at treating them with care and concern. In the practice's own patient survey carried out in February 2015, all staff were rated as 'excellent' by patients and positive comments about how they were treated were made by patients.

The practice offered patients a chaperone service prior to any examination or procedure. Information about the chaperone service was displayed in the reception area and each consultation room. Patients we spoke with told us they were always treated with dignity and respect and that staff were caring and compassionate. We found that staff knew the majority of their patients well and patients told us the practice had a family feel to it, the staff were all welcoming, caring and compassionate.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with felt confident they had been involved in any decisions about their treatment and care. The national GP patient survey showed that 88% of

patients said the last GP they saw or spoke to was good at involving them in decisions about their care, similar positive results were shown for the practice nurse. The results showed that 92% of patients said the last GP they saw or spoke to was good at listening to them

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

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

### Patient/carer support to cope emotionally with care and treatment

Patients we spoke with and the comments cards we received during the inspection were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GP but they were concerned by the high use of locums. They told us all the staff were compassionate and caring.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood by staff who had worked at the practice for many years. Systems were in place to address identified needs in the way services were delivered such as for patients who lived local in a YMCA hostel. The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the annual patient survey. Patients asked that extended hours were provided for working patients so they could access an appointment after work and this was implemented each Monday evening.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example some of the services were being delivered to possibly vulnerable patients who lived in a nearby YMCA hostel. The lead GP partner encouraged staff to try to accommodate all patients' needs when they attend the surgery such as those who might be homeless or vulnerable. We saw that the practice had access to online and telephone translation services but we were told the population were predominately English speaking.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

The main parts of the practice were situated on the ground floor of the building. The practice had wide corridors easily accessible for patients with wheelchairs. However patients often attended the back of the practice and there was a small step up at the entrance making this difficult for patients in wheelchairs. We saw the front entrance did not have an intercom at the entrance also and there had been

no recent Disability Discrimination Act access audit undertaken by the practice to monitor this. Accessible toilet facilities were available for all patients attending the practice.

### Access to the service

The practice opening hours were Monday to Friday 8.30am – 6.00pm with additional appointments available from 6.30am-8.30pm on Mondays which were reserved and pre bookable for all patients. We saw that if required longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hour's service was provided to patients.

Opening hours met the needs of the practice population and were clearly stated and seen on a poster in the patient waiting room. If a child required an appointment they were always seen on the same day. We also heard of a Clinical Commission Group (CCG) initiative where patients could be referred into a community out of hour's service if they required an urgent appointment that could not be met by the practice.

We spent time in the patient waiting room and spoke with patients about their views and experiences. The room was bright and had adequate space, the reception area was open plan and reception staff tried to respect patient confidentiality during conversations. Generally the area was large enough to meet the patient demands during our inspection. The area had reading materials such as magazines. The walls displayed patient information and patient leaflets were available making this an accessible and comfortable area for patients to wait for appointments.

The receptionists had a pleasant and helpful manner both in their interactions with patients attending the practice and during telephone conversations. Patients we spoke with and the comments card we received during the inspection told us getting an appointment was good and if needed, they would always be seen on the same day. They also said they could see another doctor if there was a wait to see the doctor of their choice. The national GP patient survey reported that 87% of respondents found it easy to get through to this surgery by phone and 95% of

# Are services responsive to people's needs?

(for example, to feedback?)

respondents find the receptionists at this surgery helpful in this process. The results showed that 86% of patients were able to get an appointment to see or speak to someone the last time they tried and 96% say the last appointment they got was convenient.

The practice had a website which displayed information for patients on a range of subjects including, opening times, the clinics available, general information about the practice including photographs of the GPs and the practice. The web page provided advice to people about health campaigns such as their flu campaign and how to access services. In addition, the website served as the gateway to the practice's online facilities, including appointment booking and repeat prescription services.

We saw good evidence of how practice staff worked with out-of-hours services (OOH's) and other agencies to make sure patients' needs were met when they moved between services. If an urgent appointment was needed and the practice was unable to see the patient they would be referred to the OOH's service so the patient could be seen more promptly. We saw that when needed a patient appointment with other providers such as a hospital referral would be made during the patient's consultation with the GP.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, this included a patient complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found that timely and appropriate responses had been made. We were clear that listening and learning had taken place following a patient complaint but there was insufficient evidence to show that action plans were put into place to prevent the complaint happening again.

# 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 did not have a clear vision but staff shared the same ethos to provide good and sensitive patient care and to deliver high quality care and promote good outcomes for patients. We spoke with seven members of staff and they all knew and understood the ethos and knew what their responsibilities were in relation to these.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop of any computer within the practice. We looked at a sample of these and spoke with staff who confirmed they knew how to locate them. Some important policies and guidance such as safeguarding was also available in paper format and displayed about the practice.

The practice had a clear leadership with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. Much of the management of practice staff was the responsibility of the office and practice manager. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line or at times above average with national standards. We were told that QOF data was regularly discussed at practice team meetings but these were informal meetings and no notes were made of this. The practice did not have an on-going systematic programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Audits undertaken appeared to be ad hoc and required improvement.

The practice nurse told us about a local peer review system they took part in with neighbouring GP practices. Benchmarking and peer support was given at these meetings and the practice made the time to ensure the nurse attended.

The practice had arrangements for identifying, recording and managing risks. The practice manager showed us

some the risk assessments in place but we considered this should be improved to include some of the premises risks within the building. Other risk assessments had been undertaken such as COSHH and an infection control.

The practice held monthly staff meetings but this did not include reception staff. We looked at minutes from the last two meetings and found that performance, quality and risks had been discussed.

### Leadership, openness and transparency

The practice had undergone a difficult and challenging year in terms of clinical leadership from a reduced number of GPs working there. Staff sickness had meant the practice had to rely on GP locums to provide GP cover but they ensured the locums used were regular to ensure consistency of care. We saw from minutes that team meetings were held regularly, at least every month and staff were kept up to date with the GP arrangements and cover. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

We spoke with staff with different roles and they were clear about the lines of accountability and leadership. They spoke of good visible leadership and full access to the senior GP and practice manager. Staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes. The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. They included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through comments cards via a 'friends and family test', comment cards and any patient complaints they had received. The practice undertook an annual survey the last one was carried out in February 2015. Questionnaires were given to

# Are services well-led?

Requires improvement 

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

patients when they arrived for appointments and the returned number was 111 patient responses (3% of the practice population). Patients were asked questions about their experiences relating to reception staff, GP and nursing staff and positive results were given to each staff group. There were also areas where patient made recommendations for improvements. These included areas such as improving the information on notice boards, agreeing online appointments and prescriptions, having extended hours for patients who are working and to improve the appointment system to be able to see a GP within 48 hours. An action plan was put into place and improvements were made in each of these areas.

The practice Virtual Patient Group (VPG) was set up two years ago by inviting patients to

join via advertisement, information sheet and letter. At the time of our inspection the group

consisted of 16 patient members. However the practice acknowledged they get little feedback from patients in this way and they recognise the need to recruit a patient participation group.

The practice had gathered feedback from staff on an informal basis and formally during regular staff meetings. However practice staff meetings did not routinely include

reception and administration staff so there was less opportunity to get their feedback in a formal way. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. There was an open and no blame culture and staff felt supported to raise concerns. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

## Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan.

Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently but written records of this were not kept.

The practice had completed reviews of significant events and other incidents and shared with staff via team meetings to ensure the practice improved outcomes for patients.



## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Patients who use services and others were not protected against the risks associated with unsuitable staff because the provider did not have an effective procedure in place to assess the suitability of staff for their role. Not all the required information relating to workers was obtained and held by the practice. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The provider did not ensure that staff and patients were protected against risks associated with unsafe premises. There was no effective system for identifying, assessing and managing risks associated with the building. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>