

Dr Patrick Ryder

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 Dr P Ryder (also known as the Matthew Ryder Clinic) on 24th June 2016.

The practice is rated as requires improvement for safe and well led and is therefore rated overall as Requires Improvement.

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

- There was an open and transparent approach to safety however we found that a number of incidents were not reported as significant events.
- Risks to patients were generally assessed and managed however more emphasis on infection control within the environment was required.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about the services provided and how to complain was available in the practice leaflet and was easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with most urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice used a holistic assessment of frailty as part of its over 75 check and provided a regular home visiting service to those who had mobility problems. They worked with both social services and voluntary agencies to ensure that socially isolated patients were supported. This work had been shared with other practices at a CCG meeting.

The practice must make the following improvements:-

- Establish a more robust system to identify, record, analyse and take action following significant events.
- Carry out an infection control audit and make any identified improvements including scheduled cleaning of the curtains and blinds.
- Establish a robust system of clinical and information governance which protects the safety of patients and improves communication in the practice.

- Ensure appropriate recruitment checks are completed for all staff.

The practice should make the following improvements:-

- Lowering the threshold for analysis of serious events and accidents to ensure patterns are identified, appropriate action taken and learning outcomes shared.
- Completing full cycle clinical audits to confirm that any changes in care and treatments being implemented were effective and learning outcomes recorded.
- Ensure more effective monitoring and storage of vaccines
- Review security arrangements so the patient information is fully protected.
- Ensure a register identifies all carers so that they are supported appropriately and included in any relevant initiatives.

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.

Requires improvement



- There was a system in place for reporting and recording significant events however we noted that a number of incidents had not been reported as significant .
- Lessons were shared informally to make sure action was taken to improve safety in the practice, however these were not recorded as learning for practice staff.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Recruitment checks failed to evidence two references were collected for new staff.
- Risks to patients were assessed and managed however we noted that there was poor information governance security, some clinical tests kept in the locum doctors bag were not fit for use and an infection control audit had not been carried out recently.
- The temperature for the storage of vaccines was not monitored effectively

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits and responsiveness to safety alerts demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals including care homes to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 96% of respondents to the survey stated that they had confidence and trust in the last GP they saw.
- 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 saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example sharing their holistic assessment of frailty as part of over 75 checks.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with most appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the practice leaflet and was easy to understand. There was evidence which showed the practice responded quickly to issues raised. There was no evidence that learning from complaints was shared with staff and other stakeholders other than in informal discussion.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had no articulated vision and strategy to deliver high quality care and promote good outcomes for patients, although staff were clear that caring for their patients was their first priority.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity but did not hold regular governance meetings.
- There was no formalised governance framework which supported the delivery of safe care and treatment. An infection control audit had not been done and we saw that cleaning schedules did not include the blinds and curtains in the consulting rooms. Staff told us the practice held occasional team meetings however we saw no minutes of these.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very active.
- Staff demonstrated a passion for continuous learning and improvement, however this was not documented or recorded in a structured format.

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 requires improvement for the care of older people. The practice is rated as requires improvement for providing safe and effective services This applies to all patients in this population group.

However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population such as over 75 Health Checks including a holistic social assessment of frailty and screening for dementia.
- The practice was responsive to the needs of older people, and offered home visits, telephone consultation and urgent appointments for those with enhanced needs.
- Practice staff visited four localare homes on a regular basis to provide individual consultations, confer with staff and managers and provide advice on medicine management.
- Staff referred patients to a primary care team including District Nurses and Community Matrons and met monthly so that care plans could be developed and patients could receive a seamless service to meet their needs and avoid hospital admission whenever possible.
- Patients were referred to Lancashire Wellbeing Service who offered social inclusion programmes, activities and help with shopping to those who were isolated in the community.
- The practice carried out monitoring of anti-coagulation levels and diabetic care during home visits if required.
- Close liaison took place both with the Falls team and Rheumatoid Arthritis team

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for providing safe and effective services This applies to all patients in this population group. However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice nurse held a specialist Community Diabetic Clinic including insulin initiation and education.
- The practice provided COPD(Chronic Obstructive Pulmonary Disease) rescue packs to ensure chest infection was treated promptly.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for providing safe and effective services This applies to all patients in this population group. However:

- 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 high for all standard childhood immunisations. For example 100% of under two year olds had received their immunisations. These were provided at combined child development and immunisation clinics or by appointment.
- 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.
- 86 % of women aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 81% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered access to a comprehensive family planning services including coil fitting and late night appointments were available.
- Practice staff offered good access to appointments with a low threshold for review if a child was not improving which provided a safety net against increased risk of harm.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people. The practice is rated as requires improvement for providing safe and effective services This applies to all patients in this population group.

However:

- 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. For example there was late night opening on Tuesdays and patients could book appointments eight weeks in advance.
- The practice was proactive in offering online services including electronic prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- NHS health checks were provided for the over 40-75 year age group.

A travel clinic offered vaccinations and advice required for travel abroad

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for providing safe and effective services This applies to all patients in this population group.

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However:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and alerts were placed on the care records so that clinicians were aware of their needs.
- The practice gave longer appointments for patients with a learning disability and these patients were offered annual medicals.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, Macmillan nurses and district nurses.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for providing safe and effective services This applies to all patients in this population group.

However:

- 93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is much higher than the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. Again this was higher than the CCG average of 86% and national average of 88%.
- 93% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This compared well to a national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and provided personalised medicine management.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations such as Lancashire Well-Being service and MindsMatters.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- There was a single point of access for patients experiencing acute deterioration.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. A total of 287 survey forms were distributed and 117 were returned. This represented 4.3% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80.5% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received twelve comment cards which were all positive about the standard of care received. Patients commented that they received excellent service from friendly, caring staff. The appointment system was praised and patients said they were listened to and treated with respect and dignity. We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought the staff team were excellent. They said appointments were easily available, patients were fully involved in their care and would highly recommend the surgery to others.

We reviewed the results of Family and Friends Test feedback across 2015/16 and saw that 95% of respondents were extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service **MUST** take to improve

The practice must make the following improvements:-

- Establish a more robust system to identify, record, analyse and take action following significant events.
- Carry out an infection control audit and make any identified improvements including scheduled cleaning of the curtains and blinds.
- Establish a robust system of clinical and information governance which protects the safety of patients and improves communication in the practice.
- Ensure appropriate recruitment checks are completed for all staff.

Action the service **SHOULD** take to improve

The practice should make the following improvements:-

- Lowering the threshold for analysis of serious events and accidents to ensure patterns are identified, appropriate action taken and learning outcomes shared.
- Completing full cycle clinical audits to confirm that any changes in care and treatments being implemented were effective and learning outcomes recorded..
- Ensure more effective monitoring and storage of vaccines
- Review security arrangements so the patient information is fully protected.
- Ensure a register identifies all carers so that they are supported appropriately and included in any relevant initiatives.

Outstanding practice

The practice used a holistic assessment of frailty as part of its over 75 check and provided a regular home visiting service to those who had mobility problems. They worked

Summary of findings

with both social services and voluntary agencies to ensure that socially isolated patients were supported. This work had been shared with other practices at a CCG meeting.

Dr Patrick Ryder

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Patrick Ryder

Dr P Ryder (otherwise known as Matthew Ryder Clinic) is located in the centre of Upholland on the outskirts of Skelmersdale, Lancashire. The modern medical centre is near to the centre of the village. There is easy access to the building and disabled facilities are provided. There is a small car park serving the site.

There is one GP supported by a regular locum GP. The GP is male and the locum doctor is female. There is a total of 1.0 whole time equivalent GPs available. There are two nurses, both part time, both female, two part time female phlebotomist/health care assistants and a part time medicines management coordinator. There is a part time practice manager who is currently on maternity leave and a team of administrative staff.

There is an in-house special interest in diabetes and in sports medicine.

The practice opening times are 8.30am until 6pm Monday, Wednesday, Thursday and Friday and 8.30 to 8pm Tuesday. Appointments are available 9am to 11am and 4pm to 5.50pm Monday, Tuesday and Wednesday, 9am to 11.30am Thursday and 9 to 11.30 and 3pm to 5.30pm Friday. There are extended opening hours from 6pm to 8pm Tuesday.

Patients requiring a GP outside of normal working hours are advised to call Out of Hours West Lancs Service

(OWLS). There are 2725 patients on the practice list. The majority of patients are white British with a high number of working age and families. The practice is in the third least deprived decile.

The practice holds a GMS contract with NHS England and is part of West Lancashire Clinical Commissioning Group (CCG).

This practice has been accredited as a GP training practice and has qualified doctors attached to it training to specialise in general practice and also offers placements to medical students.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 June 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurses and reception staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the acting practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw that a number of incidents had been recorded by the administrative and reception team which had not been treated as significant and therefore thorough analysis had not occurred to identify patterns and requirement for improvement. These were discussed between the practice manager and the GP but we saw no evidence that this was recorded formally or raised at practice meetings to share learning and agree actions required. These included failure to undertake a check after an alert from a community nurse and information being scanned to the wrong patient record on two occasions.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. He attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level 3 and nurses level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead and had implemented a hand washing protocol but an infection control audit had not been done recently. We saw that fabric curtains and blinds were not in keeping with infection prevention and control (IPC) and health and safety requirements in that we saw no dated labels to evidence they had been cleaned regularly. We also saw that none of the sharps bins were signed or dated.
- The arrangements we saw for managing medicines, including emergency medicines and vaccines in the practice led to concerns about patient safety. We noted that the locum Doctors bag contained test strips for urine and glucose which were out of date. Whilst a system to monitor fridge temperatures was in place, we observed this had not been completed on several days and put the cold chain at risk. (The cold chain is the temperature at which certain medicines and vaccines must be stored and maintained to ensure they are fit for use). The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The medicines coordinator oversaw the monitoring of high risk drugs

We reviewed safety records, incident reports and patient safety alerts where these were discussed. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example an alert regarding the side effects of one drug to manage diabetes was received. All patients taking that drug were identified, and were all at low risk and were experiencing no adverse side effects. The practice nurses discussed this with all clinical staff who concluded how important it was to monitor the effectiveness of that medication in future.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse although we did find some gaps in these processes.

Are services safe?

and attended medicines management meetings. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from the nurses.

- We reviewed three personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example evidence indicated two members of staff had started work at the practice without professional references, and two had no identity checks in their file. The appropriate checks through the Disclosure and Barring Service had been completed.
- We noted that doors between the waiting room and consultation rooms were left unlocked and computers were left on which raised the risk that confidential information might be compromised.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator however this was away from the practice under repair. Oxygen with adult and children's masks was available as well as a first aid kit and accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had attained 98.6% of the total number of points available. This is 3.3% above the CCG average and 3.8% above the England average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example the practice achieved 81.5% regarding patients with diabetes in whom the last blood pressure reading was 140/80 mmHg or less (period April 14-March 15) (CCG average 78%, national average 78%) and 98% who had had flu immunisations in the preceding August to March 2015 (CCG average 93% and national average 94%).
- Performance for mental health related indicators was better than the national average, for example 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 86% and national average 88%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been regular clinical audits completed in the last two years such as on minor surgery and use of vitamin D however these were single cycle audits and observational studies.
- Drugs such as warfarin (used in the management of blood clotting) and lithium (used for patients with bi-polar disorder) were carefully monitored by both the medicines coordinator and GP and a protocol had been put in place to ensure they could not be accidentally issued without a review.

Information about outcomes for patients was used to make improvements such as introducing a weekly clinic and evening appointments to check warfarin levels, regular checks of patients with chronic obstructive pulmonary disease and providing alert cards and home rescue packs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Practice nurses felt they struggled to find time to undertake training but they had received regular updates in diabetic care, asthma, cytology and vaccination and immunisation.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance at practice nurse forums.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing

Are services effective?

(for example, treatment is effective)

support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and external training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care were supported by the team. The practice held regular meetings to discuss patients newly identified as nearing the end of life and practice staff ensured they became familiar with the patient and relatives. The district nursing team was involved and anticipatory drugs prescribed when appropriate. .
- Referrals were made to the dietician, optometrist and podiatrist and smoking cessation advice was available from a local support group.
- Patients who attended the learning disability review service had their physical health check, were screened for breast, cervical and testicular cancer and received healthy lifestyle advice.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 81% and higher than the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds from 94% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the twelve patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring, friendly and treated them with dignity and respect.

We spoke with six members of the patient participation group (PPG). They told us they felt the practice team was the best in the area and treated everyone as a person. One patient commented that follow up to test results was very quick, staff telephoned him and gave him a another appointment immediately.

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

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and staff told us that the monthly multi-disciplinary meetings with community matrons and district nurses led to the development of care plans for patients where appropriate.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that there were very few patients who did not have English as a first language and translation services were available when needed. We saw notices in the reception areas informing patients this service was available.
- We did not see information leaflets available in easy read format for patients with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients as carers and they were coded on the system so that staff could monitor their health and well being in relation to their caring responsibilities when they attended for a consultation or health check, however we were not given evidence of the number of carers identified. Written information in the form of leaflets and posters in the reception area would have helped to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, practice staff contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included care homes where the practice nurse visited regularly to do individual consultations, and case conferences were held for patients with complex needs. Meetings were held with the home managers and advice was offered to the staff regarding condition management.
- Same day appointments were available for the majority of patients regardless of urgency however all children and those patients with medical problems were offered same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was registered to provide vaccination against yellow fever.
- Patients who were diagnosed with dementia and were deteriorating were discussed between the GP and the practice nurses. The GP did a home visit to review the patient with the involvement of the next of kin where appropriate. The family were referred to appropriate support services including social services and voluntary agencies such as Age Concern.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as the flexible appointments available for young mothers bringing their children for immunisations and baby checks.

Access to the service

The practice was open between 8.30am and 6pm Monday, Wednesday, Thursday and Friday, 8.30 to 8pm Tuesday. Appointments were from 9am to 11.00am and 4pm to 5.50pm Monday, Tuesday, Wednesday, 9am to 11.30 Thursday and 9am to 11.30 and 3pm to 5.30pm Friday. Extended hours appointments were offered from 6pm to

8pm on Tuesday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them on the same day.

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

- 92% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The reception staff talked with patients by telephone to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The GP was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system within a guidance leaflet, however this was not available in the reception area. We looked at three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. However we saw no evidence that analysis had been undertaken or action was taken as a result to improve the quality of care.

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

We heard staff speak about their vision to deliver high quality care and promote good outcomes for patients. There was no evidence of a strategy, business plan or mission statement on display for patients and no succession plan which takes account of the absence of members of staff.

Governance arrangements

We saw no evidence of an overarching governance framework which supported the delivery of good quality care. However:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained

We saw evidence of a programme of continuous clinical and internal audit to monitor quality however there was no evidence of reflection and learning following these audits. Equally the system in place was not sufficiently robust to identify, record and manage risks and implement mitigating action.

Leadership and culture

On the day of inspection the GP told us they prioritised safe, high quality and compassionate care but we were concerned whether there was sufficient staffing capacity to deliver this particularly whilst the practice manager was absent.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:-

- The practice gave affected people reasonable support, truthful information and a verbal and written apology following complaints.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held occasional team meetings however we saw no minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the GP and felt confident and supported in doing so. We noted social events for the team were held regularly.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) both face to face and virtually (online). It also received feedback through surveys and complaints received. The PPG met regularly, carried out patient surveys in conjunction with the practice team and discussed proposals for improvements with the practice management team. For example, an on-site one stop shop for diabetic care had been proposed however as yet funding for this had not been identified. Raising patient awareness of the appointment system and evening access in particular had been suggested in response to the practice survey results. We saw signs up in the waiting area to do this. The group were aware that representation from younger people was required and they were considering ways to achieve this.
- Staff told us they would not hesitate to give 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.

Continuous improvement

Are services well-led?

Requires improvement



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

- The practice had been finalists in the General Practice Awards 2014 General Practice of the Year and Clinical Team of the Year for Diabetes in 2015.
- The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team and shared good practice such as the enhanced over 75 check they had developed.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Appropriate employment checks were not carried out prior to staff commencing work.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance A structured governance framework was not in place. For example, staff meetings were infrequent and minutes of meetings were not kept to provide an audit trail of what information had been given to whom. Infection control audits had not been completed meaning the provider could not demonstrate effective monitoring and mitigation of all risks relating to health, safety and welfare of patients was being carried out. For example there were no dated labels on curtains and blinds in consulting rooms to evidence regular cleaning and sharps disposal bins were not dated or signed.