

# The Rossington Practice

## Quality Report

Grange Lane

Doncaster

DN11 0LP

Tel: 01302 **868421**

Website: [www.rossingtonpractice.gpsurgery.net](http://www.rossingtonpractice.gpsurgery.net)

Date of inspection visit: 21 December 2015

Date of publication: 04/02/2016

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to The Rossington Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Rossington Practice on 21 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, outcomes of incident investigations were not reviewed to identify themes and trends.
- Some risks to patients were assessed and managed, with the exception of those relating to pre-employment and emergency equipment checks.
- Data showed patient outcomes were low compared to the locality and nationally. Some audits had been carried out and we saw some evidence audits were driving improvement in performance to improve patient outcomes. The practice did not have a programme of continuous clinical audit.

- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available but not kept up to date on the practice website.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had proactively sought feedback from patients and was actively trying to recruit more members to the patient participation group.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure emergency equipment is available and where applicable in date ready for use.
- Review and update procedures and guidance promoting consistency in practice.
- Ensure prescriptions are tracked through the practice following NHS Protect guidance.

In addition the provider should:

# Summary of findings

- Review the risk assessment for administration staff not requiring disclosure and barring service checks.
- Consider a continuous quality improvement programme to include clinical audit, medication optimisation and other performance activity to improve outcomes for patients.
- Review the use of care plans for patients to promote consistency in care.
- Maintain an up to date record of staff training activity.

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?

- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, prescription pads were not securely stored and we were told there were no systems in place to monitor their use. Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. We were told a risk assessment for this had not been completed. A member of clinical staff did not have a DBS check completed prior to employment at the practice. The adult defibrillator pads were out of date from September 2015 and the practice did not have any child defibrillator pads. The business continuity plan had not been reviewed since 2011.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the locality and nationally. Performance for diabetes related indicators was 20% below the CCG and 14% below the national average. The percentage of patients with hypertension having regular blood pressure tests was 30% below the CCG and 29% below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Multidisciplinary team working was taking place but was generally informal.
- Some clinical audits demonstrated quality improvement. The practice did not have a programme of continuous clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Requires improvement



# Summary of findings

- The practice did not keep a record of all the training staff attended, including GP training and updates.
- The practice did not have a GP locum information pack.

Each GP we spoke with told us they dealt with external communications slightly differently.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. The survey did not reflect what most patients told us in the practice and on the comment cards.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients in about the services available, in the practice, was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered a dermatology telemedicine service for patients.
- Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was lower than local and national averages. People told us on the day they sometimes were not able to get appointments when they needed them. Patients' also told us the telephone lines to the practice were busy first thing in the morning and often it was easier to attend in person to make an appointment.
- 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 and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- We noted the practice website did not contain up to date information about how to complain and staff working at the practice.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a vision and a strategy but not all staff were aware of this. The practice did not have a documented leadership structure, most staff felt supported by the management. Not all staff were aware of who took the lead for certain areas.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice proactively sought feedback from patients and had a patient participation group (PPG). Membership of the group had declined more recently and the practice was trying to recruit new members.
- Most staff had received inductions and had received 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

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All these patients had a named GP. 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Some older people did not have care plans where necessary.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Practice nursing staff had lead roles in long term condition management.
- Diabetes care related indicators showed the practice was performing 20% below the CCG and 14% below the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. 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

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All these patients had a named GP.

**Requires improvement**



# Summary of findings

- 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 accident and emergency attendances. Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered local high school students the opportunity to come into the practice and learn more about careers in primary care.

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

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All these patients had a named GP.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**Requires improvement**



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All these patients had a named GP.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for those who needed them.
- The practice worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable.

**Requires improvement**





# Summary of findings

- Patients were told how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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 provider was rated as requires improvement for safety, effective and for well-led.

The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- All these patients had a named GP.
- Of those living with dementia, 77% had had their care reviewed in a face to face meeting in the last 12 months. Those experiencing poor mental health 67% had received an annual physical health check.
- The practice worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- A counsellor held a clinic at the practice once a week providing patients with talking therapy sessions. This helped patients to talk about their issues or difficulties to make sense of what was affecting them and to explore what could be done to address the underlying problems and alleviate distress.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing comparably to local and national averages for the following. There were 105 responses and a response rate of 35% to the survey. This represented 1% of the practice population.

- 66% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.

The following responses were below average:

- 43% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 49% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 74%.
- 66% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.

- 80% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 42% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 74%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 31% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 completed CQC comment cards which were all positive about the standard of care received. We also spoke with seven patients on the day of the inspection. Most patients said they were happy with the care they received and thought staff were approachable, committed and caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy.

# The Rossington Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a practice manager specialist adviser and a GP specialist adviser.

## Background to The Rossington Practice

The Rossington Practice, is located in Rossington on the outskirts of Doncaster. The practice provides services for 7,948 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG).

The practice has four GP Partners, three male and one female, and a female GP Registrar. They are supported by two practice nurses, two healthcare assistants and a practice manager and a team of administrative staff. The practice is a training and a teaching practice facilitating both medical students, GP trainees and F2 doctors.

The practice is open between 8am to 6pm Monday to Friday. Appointments are from 8.30am to 12 noon, 1pm to 4pm and 4pm to 6pm on various days of the week. Extended hours surgeries are offered on Saturday mornings from 8am to 12 noon. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that needed them. Patients can also book

appointments online if they are registered for the service. When the practice is closed calls are answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Diabetic, asthma, coronary heart disease and phlebotomy clinics are run each week.

The Rossington Practice is registered to provide regulated activities from Grange Lane, Doncaster, DN11 0LP.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 December 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

# Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people living 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 practice manager of any incidents and there was also a recording form available in the practice manager's office.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the procedure for issuing sick notes was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. The practice manager told us the incident record was updated when the actions were completed. The minutes of the monthly staff meeting documenting the change in procedure had been shared with staff who attended. We were told staff who did not attend the meetings would be briefed accordingly following the meeting.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions which improved processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff demonstrated

they understood their responsibilities. All other staff had received training relevant to their role. The lead GP, a practice nurse and the practice manager were trained to safeguarding level three for children.

- A notice on the consultation room doors advised patients staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and but not all had received a disclosure and barring (DBS) check on commencement of employment at the practice. Prior to the inspection the practice submitted the risk assessment and criminal record bureau checks document. The document stated reception/ administration staff that are unlikely to be alone with the above (patients) do not need these checks and recommended every position should use the risk assessment toolkit to ensure the correct decision is made on appointment. We asked to see the risk assessment toolkit for reception staff not requiring DBS checks and were told the practice did not have one. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection prevention and control (IPC) lead who along with the practice manager liaised with the IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff told us they had received up to date training. Annual IPC audits were undertaken. We saw evidence the actions were being addressed and improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were not securely stored and we were told there were no systems in place to monitor their use. The practice manager told us this would be immediately reviewed. Patient Group Directions had been adopted by the practice to allow

# Are services safe?

practice nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants to administer vaccinations.

- We reviewed five personnel files and found recruitment checks were not consistently carried out. One file we reviewed lacked appropriate checks prior to employment and did not follow the practice's recruitment policy. For example, C. Registration with the appropriate professional bodies was evident. The practice recruitment policy stated all clinical and medical staff were to undergo DBS checking procedures. We were shown DBS certificates which related to staffs previous employment with other organisations. We were told the DBS status of the individuals was not checked with the DBS service or whether they complied with DBS portability prior to employment. The practice manager told us not all of the recruitment information was kept in the paper file and would be submitted to the commission following our visit.

## Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice manager's office. We noted the health and safety policy was last modified in January 2014 and did not have an author or date for future review. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

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

## Arrangements to deal with emergencies and major incidents

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

- There was an alarm system in 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 available on the premises and oxygen with adult and childrens' masks. The adult defibrillator pads were out of date from September 2015 and the practice did not have any child defibrillator pads. We were told by the practice manager they would be ordered as a priority. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We noted the plan had not been reviewed since 2011.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice had systems in place to 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 peoples' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 74% of the total number of points available, with 6.7% exception reporting. Data from 2014/15 showed:

- Performance for diabetes related indicators was 20% below the CCG and 14% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 30% below the CCG and 29% below the national average.
- Performance for mental health related indicators was 30% below the CCG and 27% below the national average.
- Performance for dementia related indicators was 6% below the CCG and 2% below the national average.
- The practice was within the lowest third of practices in the Doncaster area for prescribing antibacterial items.

The registered manager told us they had been monitoring QOF more closely for the current year 2015/16. They explained 9% of the patient population were registered as having diabetes and they had a nursing vacancy which impacted on the diabetes related QOF indicators for 2014/15. A practice nurse was recruited in February 2015.

Clinical audits demonstrated some quality improvement. There had been four clinical audits completed in the last two years, two of these were completed audits where the

improvements made were implemented and monitored. The practice participated in applicable local medicine reviews and national benchmarking. Findings from these were used by the practice to improve services. For example, recent action taken as a result included to ensure patients were prescribed medicines for their heart were prescribed the appropriate amount of medicine to lower cholesterol in the blood. We asked to see a programme of continuous clinical audit. We were told by the GP they did not have one.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff which covered such topics as safeguarding, IPC, fire safety, health and safety and confidentiality.
- Staff told us they undertook role specific training and updates for relevant staff e.g. for those reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice did not keep a record of all the training staff attended, including GP training and updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and support for the revalidation of doctors. Most staff had had an appraisal within the last 12 months. The practice manager had not had an appraisal since March 2013. We were told one was scheduled for January 2016.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice used locum GPs from the local area who were known to the practice when required. We asked to see a locum information pack and we were told the practice did not have one.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

Some of 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, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. We asked to see an example of a patient care plan and were told care plans were not used as all of the clinical components were recorded in the electronic patient record. We were told they would be used in the future for unplanned admissions, dementia and end of life care.
- The practice share relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We were told multidisciplinary team meetings took place quarterly for reviewing patients in the community and patients on the palliative care register. District nurses and community staff called into the practice regularly on an informal basis to discuss the care of patients.

### 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, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and social prescribing. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds were 92% to 97.7% and five year olds from 93% to 100%. Flu vaccination rates for the over 65s were 71% and at risk groups 54%. These were also comparable to CCG and national averages.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and 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.

Most of the 17 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One was less positive which referred to the availability of appointments.

We also spoke with seven patients and most told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told a patient had reported an issue with the attitude of one GP and met with the practice manager to discuss this further. The practice manager told us this complaint was in progress. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey did not reflect what patients told us in the practice and on the comment cards. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 65% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 71% said the GP gave them enough time compared to the CCG and national average of 86%.
- 77% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%

- 59% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The registered manager told us the partners has discussed patient feedback about GPs at a recent partner meeting and a behavioural change was needed. They told us they would continue to monitor this through the national GP patient survey and feedback from patients to the practice.

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

Most patients we spoke with told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey did not reflect what patients told us in the practice and on the comment cards. The practice was below average. For example:

- 63% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 51% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us interpretation 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 and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. We noted the patient notice boards were themed and well organised in the waiting room.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct

carers to the various avenues of support available to them. Staff told us if families had experienced bereavement other services involved in the care of the patient would be notified.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a dermatology telemedicine service for patients. Pictures could be taken of skin lesions and sent to a Consultant Dermatologist preventing the need to attend the hospital for an initial consultation.

- Every patient had a named GP.
- The practice offered extended morning opening on Saturday mornings and the first two appointments on weekdays were for working patients who could not attend during normal opening hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. These were released at 8am for morning appointments and 12 noon for afternoon appointments.
- There were disabled facilities, a hearing loop and interpretation services available. A member of reception staff was a British Sign Language interpreter.
- The practice offered joint injections for its own patients and those registered at other practices in the area.
- A counsellor held a clinic at the practice once a week providing patients with talking therapy sessions. This helped patients to talk about their issues or difficulties to make sense of what was affecting them and to explore what could be done to address the underlying problems and alleviate distress.
- The practice offered local high school students the opportunity to come into the practice and learn more about careers in primary care.

### Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were from 8.30am to 12 noon, 1pm to 4pm and 4pm to 6pm on various days of the week. Extended hours surgeries were offered on Saturday mornings from 8am to 12 noon. In addition to pre-bookable appointments that could be booked up to

two weeks in advance, urgent appointments were also available for people that needed them. Patients could also book appointments online if they were registered for the service. When the practice was closed, calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was lower than local and national averages. People told us on the day they sometimes were not able to get appointments when they needed them. Patients also told us the telephone lines to the practice were busy first thing in the morning and often it was easier to attend in person to make an appointment.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 49% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 74%.
- 42% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 66% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

We were told the practice was aware of the issues of telephone access to the practice first thing in the morning. It had reviewed staffing availability during peak times to answer telephone calls. The practice had introduced online appointment booking and prescription requests and 100 patients had signed up for this service. They told us they were actively trying to promote this service on the social media page and notices in the practice. We noted the practice website had two links to online prescription services. One service was no longer available offered via the de-commissioned primary care trust.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We saw information was available to help patients understand the complaints system in a complaints leaflet and a notice in reception. We noted the complaints guidance on the practice website did not reflect the

## Are services responsive to people's needs? (for example, to feedback?)

information in the practice and still referred to the primary care trust. We noted the 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 looked at nine complaints received in the last 12 months and found they were satisfactorily handled, dealt

with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example to provide patients or their parents and carers safety netting advice on what to look out for if the patient's got worse.

# 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 had a mission statement and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients.

### Governance arrangements

The practice had an overarching governance framework which supported some of the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Staff were aware of their own roles and responsibilities though some were not clear who took the lead roles.
- The GPs had an understanding of the performance of the practice and had been working towards improvements in patient experience. The QOF data for this practice showed it was performing below local and national standards. Some clinical audits had been carried out and evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made.
- Monthly clinical meetings were held for all staff where governance issues were discussed.
- Practice specific policies were implemented and were available to all staff. Some of the policies and procedures we looked at had not been reviewed on their due review date recorded as 2011 and 2013.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Some records were not always adequately maintained. For example, records of recruitment were not well organised and were held in a number of different places. Records of attendance at training and development sessions were not always kept.

### Leadership and culture

The partners were visible in the practice and staff told us most were approachable and took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- Staff told us they felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by 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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice had previously gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice manager told us the membership of the group had declined more recently and they were actively trying to recruit new members. We saw a notice advertising this in the waiting area and on the social media site. They had also engaged with the PPG lead at the CCG for other suggestions to recruit patients. We were shown the minutes of the last PPG meeting in November 2015 and the PPG submitted proposals for improvements to the practice management team. For example, to move the speakers calling patients into appointments to improve clarity.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Requires improvement 

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

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.

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>12(2)(f)</p> <p>The provider did not have emergency equipment that was ready and available for use. Specifically the adult defibrillator pads were out of date from September 2015 and the practice did not have any child defibrillator pads.</p> <p>This was in breach of regulation 12 (2) (f) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>17 (2) (b)</p> <p>The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.</p> <p>Specifically policies and procedures we looked at had not been reviewed on their due review date recorded as 2011 and the Health and Safety Policy was dated 2014 did not have an Author and or review date.</p> <p>17 (2) (d)</p> <p>Records of recruitment were not well organised and were missing.</p> <p>Records of attendance at training and development sessions were not always kept.</p>

This section is primarily information for the provider

## Requirement notices

Prescription pads were not securely stored and we were told there were no systems in place to monitor their use.

This was in breach of regulation 17 (2) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### 19 (1) (b)

The provider did not keep a record of the competence and skills of staff which are necessary for the work to be performed by them. Specifically the practice did not keep a record of all the training staff attended, including GP training and updates.

#### 19 (3) (a)

The provider did not ensure its recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them. Interview notes and references were missing from a staff file.

This was in breach of regulation 19 (1) (b) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.