

# Egremont Medical Centre - JJM Hickey

## 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?

Requires improvement



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	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
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Egremont Medical Centre - JJM Hickey	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	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Egremont Medical Centre on 24 June 2016. Overall the practice is rated as requires improvement.

The practice has dealt with significant challenges in the last six months, including the loss of clinical staff and the recruitment of salaried GPs and practice nurses. The practice identified a number of systems and processes that require improvement to ensure the practice effectively meets the needs of their patients.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- 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 services and how to complain was not easily available. There was evidence that improvements were made to the quality of care as a result of clinical complaints and concerns.
- Patients said they found it easy to make an appointment and to get an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

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

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

Importantly, the provider must:

- Ensure that the practice can demonstrate they have carried out appropriate recruitment checks on locum GPs to promote and maintain patients' safety.
- Ensure non-clinical complaints are appropriately investigated and any learning and actions carried out are shared across the practice team.

In addition the provider should:

- Support non-clinical staff to identify and report incidents that affect the safety or quality of the service provided.

- A system should be introduced to review significant events to ensure actions are embedded and any trends identified.
- A system should be put in place to monitor the cleaning undertaken by the external cleaning company responsible for the cleaning of the premises including clinical areas.
- The practice should review the content of clinical meetings to ensure key areas that monitor patient safety and quality of the service provided are regularly discussed.
- The practice should ensure all non-clinical staff have received safeguarding training.

**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**



- Locum GP recruitment files reviewed did not contain the necessary information to demonstrate that the practice had safe recruitment systems in place for these staff.
- 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. However, we discussed with the practice the need to support non clinical staff to identify and report incidents that affected the safety or quality of the service provided. We discussed with the practice the need to review significant events to ensure actions were embedded and any trends were identified.
- When things went wrong patients received reasonable 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 systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- Clinical meetings took place at regular intervals. We discussed with the practice the need to review the content of clinical meetings to ensure key areas that monitor patient safety and quality of the service provided are regularly discussed. The GP partners agreed to review the current system.
- Some of the arrangements for managing medicines, including the monitoring of refrigerator temperatures and the storage, security and monitoring of prescriptions of in the practice should be reviewed to ensure patient safety. Following the inspection the practice sent detailed evidence that demonstrated that they had taken action to address these issues. 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.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or slightly lower compared to the national average.
- The GP partners had identified that work was needed to the practice's call and recall system for patients with long term medical conditions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits 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.
- Staff worked with other health care professionals 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.
- 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 and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

**Requires improvement**



- 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 was working with the CCG and other practices to develop a federation of practice to improve services to the local community.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with 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

- Information about how to complain was not easily available and the practice did not always respond to issues raised. There was limited evidence that learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice partners had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had faced significant challenges over the last twelve months including the retirement of the senior partner and the departure of a salaried GP. This left the remaining two partner GPs with significantly increased work load and the responsibility to move the practice forward including the recruitment of urgently needed clinical staff. At the inspection the senior partner confirmed that within the last three months two salaried GPs had been appointed to commence work in August 2016 and a practice nurse had also been recruited.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and the partners held regular meetings with the practice manager.
- There was a governance framework in place however work was needed to ensure that the framework supported the delivery of good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a lead GP for the care of older patients who attended the local elderly care network meetings. The meetings provided learning opportunities and engagement with hospital geriatricians.
- The practice utilised the community geriatrician and the older person's rapid assessment clinic when appropriate.

Requires improvement



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. However there was no structured recall system in place to invite patients to attend for their annual review to check their health and medicines needs were being met. Patients were receiving their required health check but a more structured approach would support clinicians to use their time more effectively. The practice had identified this and was working towards bringing in a system to address this issue.
- 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.

Requires improvement



### Families, children and young people

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

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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

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

**Requires improvement**



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**





# Summary of findings

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example, the practice had identified a number of patients with a diagnosis of cognitive impairment who had missed a number of GP appointments and had placed an alert on their patient record to ensure staff telephoned them an hour before their appointment to remind them.

## 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 in line or above local and national averages. 373 survey forms were distributed and 102 were returned. This was a response rate of 27% and represented 2% of the practice's patient list.

- 95% of respondents described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.

In terms of overall experience, results were comparable with local and national averages. For example,

- 95% described the overall experience of their GP surgery as good compared to the CCG average of 91% and the national average of 85%.
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card and spoke with one patient; both were very complimentary about the service provided. They said they received an excellent, caring service and patients who were more vulnerable were supported in their treatment.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for April 2016 from nine responses showed that, seven patients were either extremely likely or likely to recommend the practice and two responses said unlikely.

## Areas for improvement

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

- Ensure that the practice can demonstrate they have carried out appropriate recruitment checks on locum GPs to promote and maintain patients' safety.
- Ensure non-clinical complaints are appropriately investigated and any learning and actions carried out are shared across the practice team.

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

- Support non-clinical staff to identify and report incidents that affect the safety or quality of the service provided.

- A system should be introduced to review significant events to ensure actions are embedded and any trends identified.
- A system should be put in place to monitor the cleaning undertaken by the external cleaning company responsible for the cleaning of the premises including clinical areas.
- The practice should review the content of clinical meetings to ensure key areas that monitor patient safety and quality of the service provided are regularly discussed.
- The practice should ensure all non-clinical staff have received safeguarding training.

# Egremont Medical Centre - JJM Hickey

## 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 Egremont Medical Centre - JJM Hickey

Egremont Medical Centre is situated in a significantly deprived area of Wallasey. There were 4659 patients on the practice register at the time of our inspection.

The practice is a training practice managed by two GP partners, one male and one female. There are two practice nurses, a practice manager, reception and administration staff.

The practice is open between 8am and 6pm Monday to Friday. Extended hours appointments are offered on alternate Tuesdays and Thursdays from 7.20am until 8am. There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours patients are asked to contact the NHS 111 service to obtain healthcare advice or treatment.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations.

## 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

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

# Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 24 June 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice records, policies and procedures.

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 a recording form available on the practice's computer system. We discussed with the practice the need to support non - clinical staff to identify incidents that affected the safety or quality of the service and to report them as significant events. We also discussed the need for learning to be shared and to support service improvement and outcomes for patients.
- 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 discussed with the practice the need to formally review actions to ensure they were embedded and effective to prevent the same or similar thing happening again.
- The practice carried out analysis of the individual significant events, however there was no periodic review of significant events overall in order to identify any trends or themes.

There was a system in place to ensure patient safety alerts and National Institute for Health and Care Excellence (NICE) guidance were disseminated between clinicians. We reviewed safety records, incident reports and patient safety alerts. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event identified that the practice relied on one member of staff to carry out a specific task that supported clinical care of patients. In their absence this task was not carried out and could have affected patients' clinical outcomes. The practice identified a training need and provided training to a core number of staff to be able to provide cover for this task in the future.

Clinical meetings were held regularly, however we found that key areas that monitored patient safety and the quality of services provided were not always discussed.

The practice had a number of systems in place to maintain patient safety however; the recruitment process did not provide adequate safeguards to protect patients from the risk of abuse. We looked at the following records:

- 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. There was a lead member of staff for safeguarding. The GPs 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. GPs were trained to child protection or child safeguarding level 3. We discussed with the practice the need to ensure the origin of verbal information provided to the practice with regard to safeguarding concerns was documented in the patient records to ensure the patient record was a contemporaneous account of all engagement with or about a patient. Following the inspection, the practice provided evidence that showed they had produced a protocol to support clinicians with regard to recording verbal information appropriately.
- 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had a recent annual infection control audit completed by the local community trust and had an action plan in place. However, the practice did not have a system in place to monitor the cleaning undertaken by the external

### Overview of safety systems and processes

# Are services safe?

cleaning company responsible for the cleaning of the premises including clinical areas. The practice acknowledged this and advised a monitoring system would be put in place.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required to be reviewed to ensure patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). The temperature of the refrigerator used to store vaccines and immunisations was not effectively monitored to ensure it was maintained within the drug manufacturers recommended temperature range. Following the inspection, the practice provided evidence that refrigerator temperatures were now being appropriately recorded. The practice did not have a robust system in place to monitor uncollected prescriptions and for uncollected prescriptions for children and young people on controlled drugs. (Controlled drugs are medicines that require extra checks because of their potential for misuse) Following the inspection, the practice provided evidence that showed robust protocols had been put in place to address these issues. The practice did not have a safe system for the storage and monitoring of both computer generated and hand written prescriptions. Following the inspection, the practice provided detailed evidence regarding how prescriptions would be monitored and kept safe. 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.
- Due to clinical staff shortages the practice was using a significant number of GP locums. We reviewed 11 personnel files, nine of which were for the GP locums being used by the practice. We found that all nine locum GP recruitment files reviewed did not contain the necessary information to demonstrate that the practice had safe recruitment systems in place. For example, four GP locum recruitment files showed that they had worked at the practice without recruitment checks being carried out for example, there was no proof of identification, references, qualifications, indemnity insurance and the appropriate checks through the Disclosure and Barring Service had not been undertaken. Following the inspection the senior GP partner confirmed that locum GPs would not be allowed to work at the practice until appropriate checks had been undertaken.

## 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 with a poster in the reception office 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. We discussed with the practice the need to carry out a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection the practice provided evidence that a risk assessment had been carried out.
- Over the past six month the practice had experienced significant challenges with regard to the recruitment and retention of clinical staff. This had resulted in the practice requesting their patient list be closed for a short period of time to maintain the quality and safety of the service provided to patients. At the time of the inspection the GP partners confirmed they had successfully recruited a practice nurse and two salaried GPs who would commence work in August 2016. The GP partners hoped the newly appointed staff would ease the pressure on them and lead to planned practice improvements.

## Arrangements to deal with emergencies and major incidents

The practice had adequate 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.

## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- 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 discussed with the practice the need to ensure all staff were aware of this plan and knew where to locate it.

# 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 achieved 97% of the total number of points available compared to the CCG average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed: Performance for mental health related indicators was comparable or better than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% compared to the CCG average of 91% and the national averages of 88%.

Performance for diabetes related indicators was comparable to the CCG and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 90% compared to the local CCG average of 80% and national average of 78%.

The practice was an outlier in terms of certain antibiotic prescribing rates. We saw evidence that the practice had been working with the local medicines management team to reduce the level of prescribing certain antibiotics. The practice also worked towards meeting local key performance targets.

There was evidence of quality improvement including clinical audit.

- There had been three 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 local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included positive changes in GPs prescribing behaviours.

Information about patients' outcomes was used to make improvements such as: a review of prescribing protocols for patients taking anticoagulation medicines (this medicine prevents blood clots) to ensure prescribing was in line with NICE guidelines which supported better outcomes for patients.

### 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 such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had identified that a review of the staff teams training needs was required to ensure they had appropriate training specific to their roles. We reviewed a selection of staff files that showed appropriate training had been undertaken in areas such, safeguarding, fire safety awareness, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. We discussed with the practice the need to ensure all non-clinical staff had received safeguarding training.
- The practice had recently recruited a nurse with no experience of practice nursing. The practice told us they



# Are services effective?

## (for example, treatment is effective)

were in the processes of ensuring the nurse received all appropriate training and mentoring prior to leading specific clinics such as long term health conditions and baby immunisations.

- 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 discussion at practice meetings.
- All staff had received an appraisal within the last 12 months.

### 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.
- The practice had identified that their current system to call and recall patients with long term conditions such as asthma and diabetes for their healthcare checks was not robust. Initial work had commenced to review the current system and to look at ways to improve it; this work should continue.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 66%, which was comparable to the CCG average of 81% and the national average of 82%. The practice was aware the uptake by patients for this screening was low and continued to work to increase uptake. For example, there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had recently employed more female clinicians to ensure female sample takers were available. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 100% and five year olds from 78% to 91%.

## Are services effective?

(for example, treatment is effective)

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.

We received one completed patient Care Quality Commission comment card which was positive about the service experienced. The patient said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The comment card highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% 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 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.

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 in line with local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 90% 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%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

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

## Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 112 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# 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 minor surgery service to their patients.

- The practice offered a 'Commuter's Clinic' on a Thursday from 7.20am until 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered on a Thursday from 7.20am until 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 95% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

- 88% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average 76%.

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice website and complaint forms were available at reception. We discussed with the practice the need to ensure complaints information and complaint forms were easily accessible to patients in the waiting area. Following the inspection the practice provided evidence that a complaints poster had been displayed in the waiting room and complaint forms were now readily available for patients to access.
- Non - clinical verbal complaints were not managed appropriately, records showed that verbal complaints were recorded, however, there was no evidence they had been investigated, actioned or learning had been identified to support service improvement.

We looked at one written complaint about clinical care received in the last 12 months and found it was dealt with in a timely and transparent manner.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice described their purpose as to provide their patients with high quality personal health care, continually seeking improvement in the health status of the practice population overall.

### Governance arrangements

The practice partners had identified prior to the inspection that the governance structures within the practice needed to be reviewed and changes implemented to improve the effectiveness of systems used to improve outcomes for patients. For example, the call and recall system for patients with long term conditions to be effectively monitored and treated.

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and others' roles and responsibilities.
- Practice specific policies that all staff could access on the computer system.
- Communication methods that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including palliative care meetings with other healthcare professionals and safeguarding meetings with the health visitor. We discussed with the practice the need to review the content of clinical meetings to ensure key areas that monitor patient safety and quality of the service provided such as safeguarding, complaints and significant events are regularly discussed.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place. However, further work was needed to ensure a system to review actions was implemented to ensure changes to systems and protocols were embedded and improved outcomes for patients were clear.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare

- Proactively gained patients' feedback and engaged patients in the delivery of the service. Work was needed to ensure that all complaints were managed effectively and learning disseminated to the whole team.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice 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). The partners 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
- 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 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 and supported in doing so.
- 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 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) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

# Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the PPG were very involved in the development of the flu clinics over the past two years and have improved the efficiency of these clinics.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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.

There was a focus on continuous learning and improvement at all levels within the practice. The practice became a teaching practice in August 2015. Since November 2015 the practice has had a number of challenges to deal including the retirement of clinicians and the recruitment of salaried GPs and practice nurses. The practice has continued to offer placements to trainee GPs and maintained their commitment to be trainers in this difficult environment as they believe trainee GPs bring innovative ideas and perspective that they as a practice can learn from.

## Continuous improvement

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>How the regulation was not being met:</b>  Locum GP recruitment files did not hold the necessary checks required to show safe recruitment and selection procedures. Some files had no evidence that appropriate checks had been made to determine the safety and the suitability of persons working at the practice including, disclosure and barring checks and references.  Regulation 19 (3)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints  <b>How the regulation was not being met:</b>  Non-clinical verbal complaints were not appropriately investigated and acted upon.  Regulation 16(1)