

Waters Edge Medical Centre

Quality Report

Waters Edge Medical Centre
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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Waters Edge Medical Centre on 4 October 2017. 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 clinicians were not meeting to discuss learning outcomes and actions and therefore, relevant information was not being disseminated to the locum GPs working at the practice.
- Not all risks to patients were assessed and managed. For example, those relating to staff recruitment checks, some health and safety checks and the summarising of new patient medical records and the lack of an effective recall system for patients with long-term conditions.
- Staff were aware of procedures for safeguarding patients from the risk of abuse, however improvements were needed with regard to the information recorded in patient records.
- The practice was experiencing significant staffing issues and was reliant on locum GPs and advanced nurse practitioners to provide services to patients.
- The systems to monitor the training needs of staff were not effective and the system to ensure appraisals and staff personal development plans were carried out required improvement.
- The overarching governance of the practice was ineffective and did not support the monitoring of the quality and safety of the service.
- The electrical wiring system had not had a periodic check carried out to ensure it was safe.
- Staff were aware of current evidence based guidance.

Summary of findings

- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- Information about services and how to complain was available. However, improvements were needed to ensure robust records were maintained to support learning and openness and transparency.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The provider needs to make improvements.

Importantly, the provider must:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular with regard to health and safety and systems and processes such as a periodic check of the electrical wiring system, long-term conditions recall system and safeguarding.

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In addition the provider should:

- Review the safeguarding system to ensure complete and detailed information is recorded in patients records Continue to monitor the effectiveness of the meetings set up with other health and social care professionals with regard to safeguarding.
- Put a system in place to ensure patients with long-term conditions are effectively monitored at regular intervals.
- Regularly monitor the newly implemented fire safety systems to maintain staff and patient safety.
- Introduce a system to allow the findings and actions arising from investigations into significant events to be consistently shared with staff. Record the action taken and date of review of all significant events to allow a comprehensive overview of issues arising and actions implemented.
- Review the complaints system to ensure accurate records were maintained and actions taken clearly recorded.
- Review the system in place that monitors the health and wellbeing of patients with mental health needs.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not formally discussed to ensure actions and lessons learned were then communicated to the wider team and locum clinicians working at the practice.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example recruitment, safeguarding, new patient record summarising and a health and safety check with regard to the periodic review of the electrical wiring system.

Requires improvement



Are services effective?

The practice is rated as requires improvement providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were overall comparable compared to the national average. Work was needed to ensure patients with mental health needs were reviewed at appropriate intervals.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was limited 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.
- End of life care was coordinated with other services involved. However specific meetings to discuss patients were not taking place.

Requires improvement



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 comparable to other practices within the area for several aspects of care.

Good



Summary of findings

- Survey information we reviewed showed that 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 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 good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice worked closely with a local settled traveller community to improve health outcomes.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP however urgent appointments were available the same day. The practice had experienced significant staffing issues in the last twelve months and this had resulted in the GP partners working excessive hours to try and meet the clinical needs of the patients and the management of the service. The practice was currently reliant on locum GPs and advanced nurse practitioners to support the clinical care of patients. This had impacted on the ability of the practice to provide continuity of care.
- The practice did not have an effective system to review patients with long term conditions. Following the inspection the practice provided evidence that showed a system had now been put in place.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the system to manage complaints required improvement to ensure accurate records were maintained and actions taken clearly recorded.

Good



Are services well-led?

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

- Systems in place for governing the service were not always effective.
- Clinical meetings and staff meetings were not taking place.

Requires improvement



Summary of findings

- The management of significant events required improvement to ensure learning and actions were discussed and shared with the wider staff team including locum clinicians.
- Staff told us they felt supported by management and they would raise concerns if they had reason to.
- Staff had not received regular performance reviews and did not have clear objectives.
- A practice manager was not in post and the practice had also had a number of administration and clinical vacancies. The GP partners told us this had impacted on the ability of the practice to monitor the performance of the practice and acknowledged some issues of safety had not been addressed for example safeguarding processes, new patient summarising and health and safety issues.
- The patient participation group (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the provision of services for older people. This was because the practice was rated as requiring improvement for providing safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This was because the practice was rated as requiring improvement for providing safe, effective and well led services. 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 long-term disease management. However there was no effective system in place to recall patients for a structured annual review to check their health and medicines needs were being met.
- Patients at risk of hospital admission were identified as a priority.
- 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.
- Longer appointments and home visits were available when patients needed them.

Requires improvement



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Families, children and young people

The practice is rated as requires improvement for the provision of services for families, children and young people. This was because the practice was rated as requiring improvement for providing safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found improvement was needed in how the practice recorded information used 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 (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the provision of services for working age people. This was because the practice was rated as requiring improvement for providing safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, on line bookable Saturday appointments.

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the provision of services for people whose circumstances make them vulnerable. This was because the practice was rated as requiring improvement for providing safe, effective and well led services. 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, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They knew how to contact relevant agencies in normal working hours and out of hours. Work was required to ensure records reflected patients' current circumstances.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the provision of services for people experiencing poor mental health. This was because the practice was rated as requiring improvement for providing safe, effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 32% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care

Requires improvement



Summary of findings

plan documented in the record, in the preceding 12 months, which is significantly lower than the Clinical Commissioning Group average of 90% and the national average of 89%. The practice told us they were aware that these reviews were not taking place and were working to make improvements.

- 51% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months, which is significantly lower than the CCG average of 88% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed overall the practice was performing in line with local and national averages. 238 survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 55% of patients described their experience of making an appointment as good (CCG average of 70%, national average of 73%).
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 78%, national average of 77%). Since the inspection visit the practice as part of their

quality assurance work had reviewed the patients who had left the practice in the previous twelve months to determine what action if any was needed to improve patient retention.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular with regard to health and safety and systems and processes such as a periodic check of the electrical wiring system, long-term conditions recall system and safeguarding.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service **SHOULD** take to improve

- Review the safeguarding system to ensure complete and detailed information is recorded in patients records Continue to monitor the effectiveness of the meetings set up with other health and social care professionals with regard to safeguarding.

- Put a system in place to ensure patients with long-term conditions are effectively monitored at regular intervals.
- Regularly monitor the newly implemented fire safety systems to maintain staff and patient safety.
- Introduce a system to allow the findings and actions arising from investigations into significant events to be consistently shared with staff. Record the action taken and date of review of all significant events to allow a comprehensive overview of issues arising and actions implemented.
- Review the complaints system to ensure accurate records were maintained and actions taken clearly recorded.
- Review the system in place that monitors the health and wellbeing of patients with mental health needs.

Waters Edge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

Background to Waters Edge Medical Centre

Waters Edge Medical Centre is responsible for providing primary care services to approximately 4862 patients. The practice is situated in Middlewich, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a similar patient population age range and similar numbers of patients with a long standing health condition when compared to other practices locally and nationally.

The practice is managed by two GP partners in addition there is an Advanced Nurse Practitioner. The practice employs locum GPs and advanced nurse practitioners. The practice is currently being managed by the GP partners. The service is supported by a team of reception and administrative staff.

Waters Edge Medical Centre is open from 7.30am to 6.30pm Monday to Friday. Extended hours are provided Saturdays for pre bookable appointments. Patient facilities are located on the ground and first floor. There are car parks close to the practice. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, by calling 111.

The practice has a Primary Medical Service (PMS) contract. The practice offers a range of enhanced services including avoiding unplanned hospital admissions, timely diagnosis of dementia and flu and shingles 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the CCG and Healthwatch to share what they knew. We carried out an announced visit on 4 October 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people 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 for reporting and recording significant events. However the system in place to formally share actions and learning from significant events was not effective and formal records demonstrating how learning and actions had been shared and monitored were not available. The practice did not carry out any periodic reviews of significant events to monitor for trends and to provide assurance that actions and learning taken from significant event analysis had been embedded.
- There was a system in place for the management of patient safety alerts. Alerts were received by the Nurse Clinician and shared with other clinical staff.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. Records showed that GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. However we noted that information and engagement with other health and social care professionals did not always provide detailed information to support effective monitoring and care. Since the inspection visit the practice has provided evidence that they had contacted the CCG safeguarding lead, the local authority safeguarding team and the health visitor team to review their policies and procedures and to set up regular meetings and engagement.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs had booked to attend child safeguarding level three training in November 2017.
- 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. There were cleaning schedules and monitoring systems in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and that patient specific prescriptions or directions from a prescriber were produced appropriately. We noted that these were not in place for flu vaccines.
- There was not a system in place for the recall of patients with long term conditions. Following the visit the practice told us they had implemented a system to address this issue.
- We noted that a significant number of new patient's medical records had not been summarised onto their electronic record this posed a risk to patient safety. Since the inspection the practice told us they had taken action to address this issue.

Are services safe?

- We reviewed seven personnel files and found that some required checks had not been carried out in all seven records.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment however regular fire drills were not taking place and safety checks on equipment were not being regularly carried out. Since the inspection the practice provided evidence that showed drills and checks were now taking place.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However the practice had not undertaken a periodic check of the electrical wiring system. Following the inspection the practice provided evidence that showed they had taken action to have this check carried out.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had experienced significant staffing problems in the last twelve months. This had resulted in the GP partners working excessive hours and the use of locum GPs and advanced nurse practitioners (ANP) to meet the clinical needs of patients. We noted that the practice was not utilising the skills of the employed ANP to support the GP partners in their clinical work.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications and interventions. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via the two week appointment system which was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible.

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 were 87% of the total number of points available (559) compared with the CCG average of 96% and national average of 95%. The practice had a 4.7% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared to the CCG average of 6% and national average of 5.7%.

Data from 2015-2016 showed that outcomes were comparable or lower to other practices locally and nationally:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to the CCG average of 81% and the national average of 78%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 32% (CCG average of 90%, national average of 89%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 51% (CCG average 88%, national average 89%).
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 82% (CCG average of 84%, national average of 84%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 85% (CCG average of 91%, national average of 90%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 85% (CCG average and national average of 83%).
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 73% (CCG average of 75%, national average of 76%). During the inspection and following the inspection the practice told us they were taking action to improve outcomes for patients with long-term conditions by introducing a new patient recall system.

There was evidence of quality improvement including clinical audit:

We saw that audits of clinical practice were undertaken. Examples of audits included audits of antibiotic prescribing and contraceptive implants. The audits showed changes had been made to practice where this was appropriate and clinicians told us that the findings of audits and any actions were disseminated.

Effective staffing

Prior to the inspection visit the senior partner contacted CQC to inform us of the challenges the practice was experiencing with regard to staffing levels, recruitment and accessing computer records. The practice did not have a

Are services effective?

(for example, treatment is effective)

practice manager and they were reliant on locum GPs and advanced nurse practitioners to provide clinical support to patients. The practice also had administration staff vacancies.

- The practice was not able to demonstrate that newly appointed staff had undertaken an induction programme. Following the inspection the practice told us and provided evidence that an induction programme was now in place.
- The practice where finding it challenging to provide role specific training to some staff employed at the practice. They had sought support from the CCG and the federation that they were part of. Following the inspection the practice confirmed a training plan was now in place.
- 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.
- At the time of the inspection the learning needs of staff were not being identified. Since the inspection the practice has told us and provided evidence that showed training needs had been identified and staff meetings were taking place. The need to provide appraisals for staff was acknowledged and would be commenced when the practice appointed a practice manager.
- Staff spoken with told us they had received the following training in the last two years: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical 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 clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were overall comparable to other practices nationally. For example, the percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 82% compared to the CCG and national average of 81%.

Childhood immunisation rates for under two year olds ranged between 94% and 97% with the national expected rate being 90%. Immunisation rates for the 5 year age group were comparable to the CCG and national averages. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were positive about the standard of care received. We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the national GP patient survey July 2017 (data collected from January-March 2017) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages, results showed for example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 92% said the GP gave them enough time (CCG average of 87%, national average of 86%).
- 96% said they had confidence and trust in the last GP they saw (CCG average of 95%, national average of 95%).
- 93% said the nurse was good at listening to them (CCG average of 92%, national average of 91%).
- 96% said the nurse gave them enough time (CCG average of 93%, national average of 92%).
- 98% said they had confidence and trust in the last nurse they saw (CCG average of 97%, national average of 97%).

The practice reviewed national GP patient survey results and discussed them with the Patient Participation Group (PPG) to establish how the practice was performing and where any improvements could be made.

Care planning and involvement in decisions about care and treatment

We spoke with four patients who 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 clinical 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 positive and aligned with these views.

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 or above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average of 83%, national average of 82%).
- 89% said the last nurse they saw was good at explaining tests and treatments (CCG average of 92%, national average of 90%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average of 86%, national average of 85%).

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available and information could be made available in large print if needed.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Clinical staff referred

Are services caring?

patients on to counselling services for emotional support, for example, following bereavement. Services for patients with poor mental health were advertised at the practice and on the website.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 (approximately

1.1%) of patients as carers. Carers were provided with information about support groups and organisations. Alerts were placed on their records to ensure appropriate support was offered in the event of their illness and an annual influenza immunisation was offered. The practice was working to identify further carers to ensure they had access to appropriate support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered online pre bookable telephone appointments every Saturday 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Extended hours appointments were offered every Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey from July 2017 (data collected from January-March 2017) showed that patient's satisfaction with access to care and treatment was in-line with or below local and national averages. For example results showed:

- 86% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 85% and national average of 84%.

- 75% of patients said the last appointment they got was convenient (CCG average of 81%, national average of 81%).
- 86% of patients were satisfied with the surgery's opening hours (CCG average of 78%, national average of 76%).
- 82% of respondents found the receptionists at the surgery helpful (CCG average of 86%, national average of 87%).
- 80% of patients described their overall experience of this surgery as good (CCG average of 86%, national average of 85%).
- 72% of respondents would recommend this surgery to someone new to the area (CCG average of 78%, national average of 77%).

Responses to experience of making an appointment, seeing or speaking to a preferred GP and getting through to the surgery by phone were below local and national averages:

- 48% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 59% and national average of 71%.
- 37% of respondents said they usually got to see or speak to their preferred GP (CCG average of 55%, national average of 56%).
- 55% patients described their experience of making an appointment as good (CCG average of 70%, national average of 73%). The practice was in discussion with the CCG to make improvements to the telephone system.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However they also told us they did not always find it easy to make an appointment with a named GP however urgent appointments were available the same day. The practice had experienced significant staffing issues in the last twelve months and this had resulted in the GP partners working excessive hours to try and meet the clinical needs of the patients and the management of the service. The practice was currently reliant on locum GPs and advanced nurse practitioners to support the clinical care of patients. This had impacted on the ability of the practice to provide continuity of care. The practice told us they were working to address the staffing issues.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. The practice used a telephone triage

Are services responsive to people's needs?

(for example, to feedback?)

system to assess the need for a home visit. 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 for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found the practice managed complaints in an open and transparent manner. However the record keeping required improvement to ensure the investigation of a complaints and subsequent actions were clearly documented to support the analysis of trends, embedded learning and actions completed to support improvement in the service.

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 aimed to deliver high quality care and treatment and promote good outcomes for patients. Staff told us they felt that the practice delivered high quality care and support. Feedback from patients we spoke at the time of the inspection indicated that overall they were happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

Governance arrangements

The practice had some systems in place for governing the service but the findings of our inspection showed that some of these required improvement.

- There were a number of staff vacancies both clinical and non-clinical. This had impacted on the workloads of the existing staff.
- A number of policies and procedures were not available on the practice shared drive or as a paper copy. For example the recruitment policy and procedure.
- There was no system in place to determine if practice specific policies were updated and reviewed regularly.
- The practice did not have a practice manager in post and the partners were struggling to monitor the performance of the practice due to clinical work commitments.
- Formal practice and clinical meetings were not routinely taking place.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these were not robust enough to provide assurance that risks had been managed appropriately. For example, recruitment, safeguarding, new patients record summarising, and some health and safety checks.
- We saw evidence that significant event analysis was carried out. However there was no effective system in place to ensure learning and actions were shared with the wider team and that a periodic review of significant events took place.

- We saw evidence that clinical and internal audit was used to make clinical improvements to the service.
- Meetings with other healthcare professional to support the treatment and monitoring of patients were not routinely taking place.

Leadership and culture

The practice had experienced significant staffing challenges over the last twelve months. The practice informed us of these issues prior to the inspection. These issues had impacted on the practices ability to monitor the quality and safety of the service. Since the inspection the practice has told us and provided evidence that they have an action plan in place to address the challenges identified by them and during the inspection.

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues with the GP partners. Staff said they felt respected, valued and supported.

The GP partners were working excessive hours to ensure patients' needs were met and to also work to improve the governance arrangements at the practice.

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

- The practice gathered feedback from patients through the complaint system and GP national patient surveys and acted on this. The complaints system required improvement to ensure records were detailed and identified actions taken and information shared with the complainants.
- The practice had an active patient participation Group (PPG). However there had been changes in the group and both the members and practice acknowledged work needed to be undertaken to support them in their work.

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 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular with regard to health and safety and systems and processes. Regulation17(1)

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 Fit and proper person employed How the regulation was not being met The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. Regulation 19(3)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Requirements in relation to staffing

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

There was no system in place to monitor the training needs of the staff and there was limited evidence that staff were receiving appraisals.

Regulation 18(2)