

Dr Iain Hotchkies

Quality Report

36 Merseybank Avenue
Chorlton cum Hardy
Manchester
M21 7NN
Tel: 0161 445 5559
Website: www.mysurgerywebsite.co.uk

Date of inspection visit: 4th April 2016
Date of publication: 28/07/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Dr Iain Hotchkies	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We initially carried out an announced comprehensive inspection at Dr Iain Hotchkies, Merseybank Surgery on the 14 July 2015 when the practice was rated inadequate and was placed into special measures. Services placed in special measures are reinspected again within six months.

We therefore carried out an announced re-inspection at Dr Iain Hotchkies Merseybank Surgery on 4 April 2016. The practice has made considerable improvement since our last inspection but were still inadequate for safety and will remain in special measures. We found that other improvements were still required and overall the practice is now 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. Reviews and investigations were carried out, discussed and recorded. The process was not always completed to ensure that appropriate actions were taken in a timely manner.

- Improvements had been made with regard to risks to patients and staff and some systems to assess and manage these had been implemented. Further improvements were necessary to ensure that processes remained effective and actions were taken when required. For example, there had been no gas, electrical and legionella checks by appropriate bodies.
- Data showed that some patient outcomes had improved since our last visit. The practice were still outliers for some of the QOF (or other national) clinical targets. For example there were large variations in areas such as cervical screening, coronary heart disease and the prescribing of hypnotic and antibiotic medicines.
- Some patient outcomes had improved substantially from the previous year such as those relating to blood pressure checks and foot examinations for patients with diabetes.

Summary of findings

- The practice had implemented a system of audit and monitoring and had carried out some checks on patients to ensure they were receiving the most appropriate treatment. Two cycle clinical audits were not yet completed.
- All patients said they were treated with compassion, dignity and respect and felt cared for and involved in their treatment. Information about services was available and transferrable into different languages if and when required.
- The practice had implemented a patient participation group and met with the group monthly.
- The practice had a number of policies and procedures to govern activity. These now needed to be embedded into every day practice to ensure that they were effective. For example, to ensure that appropriate action is taken when things go wrong.

The areas where the provider must make improvements are:

- Ensure that appropriate actions are taken when reviews and investigations are carried out.
- Ensure that policies and procedures are embedded and appropriate actions are taken when things go wrong such as maintenance of the fridge to ensure that appropriate cold storage requirements are maintained.
- Obtain the necessary checks and documents to evidence that gas, electrical and legionella checks have been carried out.
- Ensure fire safety within the environment by carrying out regular checks of fire/smoke alarms, evacuations and introducing persons responsible for ensuring the safety of all staff and patients in the event of a fire.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure there are always adequately trained staff available to chaperone if required.

In addition the provider should:

- Review the needs of the practice population and make changes where appropriate.
- Continue to review, update and embed procedures and guidance into day-to-day practice.
- Complete all infection control action

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?

Safety at the practice had improved since the practice had been placed in special measures. For example,

- Communication had improved
- All staff had undertaken training in safeguarding, infection control and basic life support.
- Emergency equipment had been obtained and was being monitored to ensure it was effective
- Medicines management was improved.

However, the practice remained inadequate for providing safe services as there are areas where further improvements are required :

- Although staff understood their responsibilities to raise concerns, and to report incidents and near misses, lessons learned were not always actioned to support improvement
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, for example in relation to cold storage, fire, gas and legionella checks.

Inadequate



Are services effective?

Effectiveness at the practice had improved since the practice had been placed in special measures. For example:

- Better communication within and outside the practice was evident, For example staff meetings were held regularly and the GP attended multi-disciplinary meetings such as safeguarding and palliative care discussions with McMillan Nurses, health visitors and social workers.
- Some audit and monitoring had been implemented
- The GP told us they referred to national and local guideline
- Some patient outcomes had improved

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

- Although data showed that some patient outcomes had improved since our last visit, the practice were still outliers for

Requires improvement



Summary of findings

some of the QOF (or other national) clinical targets. There were still large variations in areas such as cervical screening, some diabetes indicators, coronary heart disease and the prescribing of hypnotic and antibiotic medicines.

- The practice had implemented a system of audit and monitoring and had carried out checks on patients to ensure they were receiving the most appropriate treatment such as the review of end of life care. Two cycle clinical audits were not yet completed

Are services caring?

Sufficient improvements had been made in this domain and the practice is rated as good for providing caring services.

- 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.

Good



Are services responsive to people's needs?

Responsiveness and patient experience at the practice had improved since the practice had been placed in special measures.

- They now had a surgery website which was monitored and updated regularly where patients could register and also request patient access to medical records.
- A patient participation group had been introduced and feedback from the group was used to inform improvement and action was taken.
- A drop in service was offered every day and patients said they found it easy to make an appointment. They always saw the same GP and there was continuity of care.

However, the practice is rated as requires improvement for providing effective services, as there are areas where further improvements should be made:

- The practice did not review the needs of its local population to secure improvements.

Requires improvement



Summary of findings

- The practice had good facilities and was well equipped to treat the patients it cared for and meet their needs. However, young women and people with enduring mental health issues were mostly referred to other services that could be provided by the practice.
- The practice did not open on a Wednesday afternoon and did not offer any extended hours.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Learning from complaints was shared with staff and other stakeholders. The practice did not monitor and record verbal complaints and comments to review trends.

Are services well-led?

Leadership and governance at the practice had improved since the practice had been placed in special measures. There was increased communication, staff meetings were taking place, and staff were clear about their roles and responsibilities. Patient feedback was being sought and there was a clear desire to deliver high quality care and promote good outcomes for patients. The provider was aware of and complied with the requirements of the duty of candour and they encouraged a culture of openness and honesty.

However, the practice is rated as requires improvement for providing effective services, as there are areas where further improvements should be made:

- The practice had a number of policies and procedures to govern activity. These now needed to be embedded into every day practice to ensure that they were effective. For example, to ensure that appropriate action was taken when things went wrong.
- Systems to monitor and improve the quality and safety of the services provided needed to be further formalised and monitored to ensure that they remained effective at all times.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- Older patients were able to get an appointment whenever they needed it and always saw the same GP ensuring continuity of care
- Patients with dementia had been identified and had received a face to face review
- Older patients in need of extra support had been identified and had been signposted to other organisations that could be useful to them.

Requires improvement



People with long term conditions

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

- District Nurses were attending the practice on a monthly basis to assist in the management of patients with diabetes.
- Patients at risk of hospital admissions were identified as a priority by the lead GP but there were no formal processes to monitor this.
- Longer appointments and home visits were available when needed and all these patients had continuity of care.

Requires improvement



Families, children and young people

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

- The GP had an informal system 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.

Requires improvement



Summary of findings

- We were told 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.

Working age people (including those recently retired and students)

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

- The practice had introduced online services where patients could register and request access to their medical records.
- Health promotion advice was offered and accessible health promotion material had been introduced to the waiting room.
- A drop in service was available on a daily basis and patients were always able to see their GP when they needed to.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice were identifying patients with a learning disability and longer appointments were always available if required.
- The practice were now working 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



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

- 100% of patients identified and diagnosed with dementia had had their care reviewed in a fact to face meeting in the last 12 months.
- Patients with mental health illnesses were prescribed medicines to keep them stable.
- The GP did not carry out regular physical and mental health review of patients with mental illness who were mostly referred to secondary care, however they would liaise with multi-disciplinary teams if and when required.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line or above local and national averages. 399 survey forms were distributed and 95 were returned. This represented less than 1% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 73%).

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments included praise for the GP and the other staff and long term satisfaction from patients who had been at the practice for several years.

We spoke with one patient following this inspection. They were very happy with the care and treatment they received. They said the staff were thoughtful and approachable and they were happy with the services provided which they felt met their needs.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that appropriate actions are taken when reviews and investigations are carried out.
- Ensure that policies and procedures are embedded and appropriate actions are taken when things go wrong such as maintenance of the fridge to ensure that appropriate cold storage requirements are maintained.
- Obtain the necessary checks and documents to evidence that gas, electrical and legionella checks have been carried out.
- Ensure fire safety within the environment by carrying out regular checks of fire and smoke alarms, evacuations and introducing persons responsible for ensuring the safety of all staff and patients in the event of a fire.

- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure there are always adequately trained staff available to chaperone if required.

Action the service **SHOULD** take to improve

- Review the needs of the practice population and make changes where appropriate.
- Continue to review, update and embed procedures and guidance into day-to-day practice.
- Complete all infection control actions

Dr Iain Hotchkies

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, and a practice manager specialist adviser.

Background to Dr Iain Hotchkies

Dr Iain Hotchkies – Merseybank Surgery is situated in a deprived area of Chorlton within South Manchester Clinical Commissioning Group area. It is located in a row of shops and has disabled access and toilet facilities. Dr Hotchkies is a single-handed, male practitioner who has provided GP services at this location for over twenty five years under a General Medical Services contract.

The practice population is around 2,600 patients, currently increasing, and has a higher than average proportion of patients between the ages 15 and 49. The highest group of patients are aged between 25 and 29, higher than the local and national average.

There is a part time practice nurse whose hours have been increased to one day per week, a part time practice manager and three reception/secretarial staff. The practice does not offer surgical procedures, maternity or midwifery services or minor injury treatments. These could be accessed through the local community services. There is no female GP.

The surgery is open from 8.30am until 6pm Monday to Friday (except Wednesdays). On Wednesday the practice close at 1pm. Patients are directed to out of hours services when the practice is closed after 6pm and at the weekend.

Patients have access to an open surgery from 9.15am until 11.30am Monday to Friday and appointments are pre-bookable in the afternoons (except Wednesdays). The practice have recently introduced a website and patients can now register and request access to their medical records. They have also introduced a Patient Participation Group.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 April 2016. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place to report and record significant events. This was improvement since the previous visit when there had been no system in place. However the system was not yet fully effective and further improvements were required.

- 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. Staff told us they were encouraged to raise incidents and that communication was improved.
- Another incident had been recorded as a significant event and there was evidence that the incident had been discussed. It had been agreed that action was required and that had been recorded – but the action had not been taken.

Improvements had been made with regard to unintended or unexpected safety incidents and we saw that when things went wrong, staff were encouraged to report it and patients received support, information and an apology. We were told that a written apology would be given and actions would be taken to prevent the same thing happening again but there were no examples to evidence this.

Overview of safety systems and processes

The practice had improved the systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding, had undertaken the required training and had arranged deprivation of liberty safeguards (DoLS) training to take place later in the year. They had been more involved, and attended meetings, with outside agencies. Staff said they felt a better understanding since undertaking the required training and they demonstrated this through their responses to questions asked by inspectors.
- There was a notice in the waiting room to advise patients that they could request a chaperone if they wished and the practice manager had been trained for this in addition to the nurse. Staff who undertook this role had received a Disclosure and Barring Service check (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). Further improvement would be evident if the reception staff were also trained to carry out this role as the practice nurse and practice manager were not full time and would not always be available if needed as the nurse and practice manager who were trained were only part time.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead and liaised with the local infection prevention team who had carried out an audit in October 2015 and the actions required had been completed. There was an infection control protocol in place and all staff had received up to date training. Further improvements had been made since our last visit, in particular with regard to the cleaning staff who had also carried out infection control training and had cleaning schedules to follow. Cloth curtains had been replaced with disposable ones and dates for replacement were logged. Spill kits had been purchased and staff knew where they were and what to do if vomit, urine or blood spills occurred.
- We saw that further improvements could be made with regards cold chain and storage management. Although there was a policy with named persons responsible for monitoring the fridge temperature, we saw that action was not always taken if and when the temperature went out of range. For example, we were told that when the fridge was open for any length of time, the range increased. Although the increased range was recorded, the reason was not. We also saw that the fridge was too full and was sometimes used to store urine samples overnight.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing

Are services safe?

was in line with best practice guidelines for safe prescribing. Patient Group Directions were in place to allow the practice nurse to administer medicines in line with legislation.

- We reviewed the personnel files of the small number of staff who had been employed at the practice for many years. We saw that they now had the required documentation retained on their files such as proof of identification, qualifications, registration with the appropriate professional bodies and the appropriate checks through the Disclosure and Barring (DBS) Service.

Monitoring risks to patients

Improvements had been made with regard to risks to patients and some systems to assess and manage these had been implemented. However, further improvements could be made to ensure these systems were more effective. For example :

- The arrangements to plan and monitor the number of staff and mix of staff needed to meet patients' needs had been reviewed. Staff told us that a better and fairer system was now in place. They had been given more responsibility and specific lead areas and there was a rota so that all duties were covered during staff absence. There was only a female clinician at the practice on a Friday.
- We saw that there were procedures to monitor and manage some of the risks to patient and staff safety. A health and safety policy was in place and had been seen and signed by staff. We saw that monthly room checks had been implemented and carried out. The policy was limited to the physical environment and did not extend to working procedures which should also be monitored such as two week waits and patients at high risk of hospital admission.
- We saw that all electrical equipment had been checked to ensure that it was safe to use and clinical equipment

was also checked to ensure it was working properly. However, there was no up to date electrical, gas or legionella checks or certificates for the premises. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- We saw that fire extinguishers were appropriately checked and maintained. However, the practice had not carried out regular checks of the fire/smoke alarms, had not carried out any evacuations and did not have fire marshalls or named persons responsible for ensuring the safety of all staff and patients in the event of a fire.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents with the exception of those relating to fire.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage and a copy was kept at the practice manager's home. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP told us that they 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. There were no formal systems in place to monitor that guidelines were followed such as risk assessments, audits and/or random sample checks of patient records. However, the practice had recently received input from the Clinical Commissioning Groups medicines management team to review whether patients were receiving the most appropriate medicines for their conditions and advise, if necessary, on changes that could be made.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice).

We were told that the practice had increased its performance against national screening programmes since our last visit. The GP said that the most recent published results (01/04/2014 to 31/03/2015) were the highest the practice had ever achieved at 446 out of 559 (79%) of the total number of points available, with 7.9% exception reporting. (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). The GP was aware that some of the indicators such as those for mental health and osteoporosis had been missed and explained this as a result of coding issues.

Although the data had improved, the practice were still outliers for some of the QOF (or other national) clinical targets. For example there were still variations in the following areas:

- The average daily quantity of hypnotic medicines prescribed by the practice between July 2014 and June 2015 was 0.64 compared to the national average of 0.26.
- The number of antibacterial prescription items prescribed in the preceding 12 months was 0.45 compared to the national average of 0.27.

- 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 only 33% compared to the national average of 88%. This was much less than the previous year's figures. The GP did not provide any explanation as to the reason for this disparity.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 56% compared to the national average of 77%.
- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) was 0.48 compared to the national average of 0.71. This was better than the previous year.

The GP had been jointly working with the district nurses (DNs) to improve outcomes for patients with diabetes. The DNs, who attended the practice monthly, were able to highlight patients where medication or treatment needed to be started or changed. As a result of this joint working, performance for some diabetes related indicators had greatly increased from the previous year and were better when compared to the CCG and national averages. For example :

- The percentage of patients with diabetes, on the register, whose blood pressure had been recorded in the last twelve months was 86% compared to the national average of 78%. (Previously 66%)
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March 2015 was 86% compared to the national average of 94%. (No change)
- The percentage of patients with diabetes, on the register, who had a cholesterol check recorded in the last twelve months was 79% compared to 81%. (No change) And
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86% compared to 88%. (Previously 67%)

Other performance indicators were as follows :

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension having regular blood pressure tests was 78% which was less than the national average of 83%.
- 100% of the practice patients diagnosed with dementia had been reviewed in the previous 12 months compared to the national average of 88%.

The practice had done some re-analysis of previous performance and this had demonstrated some quality improvement specifically in relation to foot examinations and blood pressure readings in patients with diabetes. Other monitoring included checks to ensure patients taking metformin (medicine for diabetes) did not have a B12 deficiency and thyroid function tests on patients taking thyroxin (medicine for thyroid conditions).

Local audits with input from the Clinical Commissioning Group included infection control and medicines management and the practice used the QOF indicators to benchmark their progress nationally. However, the practice did not regularly engage in any peer review or clinical research.

Effective staffing

Since our last visit staff had been given the opportunity to increase their skills, knowledge and experience in order to deliver effective care and treatment.

- Staff training had been given access to online resources and a programme of learning had been implemented. For example, all staff had completed safeguard training, basic life support and infection control training. Some of the reception/administration staff had been given lead areas, such as responsibility for the transfer of medical records, and had received training on that.
- The practice manager had completed infection control online training and the GP had planned Deprivation of Liberty Safeguards training for later in the year.
- The practice had introduced an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, in relation to the nurse reviewing patients with

long-term conditions. The nurse had access to peer review from the nurse forum within the Clinical Commissioning Group and we saw that their registration was up to date.

- A formal system of appraisal had been introduced and the learning needs of staff were identified and implemented according to the needs of the practice.
- Reception and administration staff had been given the opportunity to increase their hours to better meet the needs of the practice and the hours of the practice nurse had also been increased.

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. Information such as NHS patient information leaflets were also available.
- The GP told us they shared relevant information with other services in a timely way, for example when referring patients to other services. However there was no way to evidence this and it was not monitored.

Staff worked together and with other health and social care services 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.

We saw evidence that the GP was engaging in multi-disciplinary team meetings when appropriate and these meetings were minuted.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. They understood the relevant consent and decision making requirements and guidance including the Mental Capacity Act 2005. However none of the staff had yet received any formal training or been given an understanding in this area. The GP had arranged to have Deprivation of Liberty Safeguards training later in the year. The practice had not seen any patients under the age of 16 who had attended alone, but they were

Are services effective?

(for example, treatment is effective)

aware of, and understood, that children were able to make their own decisions about treatment in certain circumstances. Update training was planned for the future in this area.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with learning disabilities. The GP gave examples of patients they had identified in need of further support and explained how they had referred these patients to other services for further support.
- The practice's uptake for the cervical screening programme was 65%, which was lower than the national average of 82%. However, this was an increase from the previous year's figure of 62%. The GP explained

the low figures due to the nature and diversity of the practice population. However, the practice nurse was encouraging patients to attend by carrying out telephone reminders and sending letters to those who did not attend. The practice nurse was only available for one day a week at the practice.

- Childhood immunisation rates for the vaccinations given lower than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 96% and five year olds from 83% to 91%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The only negative comments we received were about the lack of a female GP/clinician.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and we saw that this was the case.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 88%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

We were unable to speak to any patients at this inspection. The comments cards received at this inspection indicated that patients felt involved in decision making about the care and treatment they received. They also indicated an excellent service in all respects with helpful and friendly staff. They said they felt satisfied, respected and included. They also said they felt listened to and supported by staff.

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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% , national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had begun to record patients who were carers and the computer system highlighted and alerted the GP if a patient was also a carer. Written information was available to direct carers to the various avenues of support

Are services caring?

available to them and they were offered flu vaccinations. The practice were also looking to refer to specific organisations which could be useful for the carers of dementia patients.

When patients died the GP often sent cards to families if appropriate. We saw that a note was put on the records of patients who died saying whether the GP had seen the family or what had been done for them at the time of death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a service to the community, for example :

- The practice offered a drop in service every morning where patients did not have to make appointments. This meant that same day appointments were available for everyone and not just children or those with serious medical conditions.
- Patients received the amount of time they needed at each appointment as appointments were not limited to time slots.
- Home visits were available for older patients and patients who would benefit from them.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Phlebotomy was offered every Tuesday between 11.15am and 12.15pm.

However, the practice did not always review the needs of the population and make changes to accommodate those needs, for example :

- Women with gynaecological problems were referred to another clinic and examinations were not carried out at the surgery
- Mental health needs were mostly met by community mental health teams
- A nurse was only available at the practice one day a week

Access to the service

The practice was open between 8.00am and 6pm Monday to Friday except Wednesdays when they closed at 1pm. Appointments were on a drop-in basis every morning and between 3pm and 6pm every afternoon. The practice was closed on Wednesday afternoons. Patients could make appointments on-line and could pre-book appointments up to six weeks in advance.

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

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).

Patients were always able to get an appointment and were always able to see the same GP which ensured continuity of care.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 and there was a poster in reception.

We looked at one complaint received in the last 12 months and found it was being dealt with appropriately. The practice did not log verbal complaints or comments in order to detect trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients and all the staff were signed up to that vision. There was a clear realisation by the lead GP and the practice staff that action was required to continue improvement. It was evident that actions needed to be listed and prioritised according to importance in order to keep the practice moving forward in a positive direction.

Governance arrangements

The practice had begun to implement an overarching governance framework to support the delivery of the strategy and continue the improved quality of care. That framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff but required review to ensure they were being followed.

Governance improvements were still required to ensure that :

- A comprehensive understanding of the performance of the practice was maintained such as the need to increase targets and positive outcomes for the patients.
- A programme of continuous two cycle clinical and internal audit which was used to monitor quality and to make improvements
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not yet robust enough to ensure that they remained effective.

Leadership and culture

This is a single handed GP practice. They were a very small team and relied heavily on the clinical and non-clinical staff. Concerns were raised by the inspection team again at this inspection about what would happen in an emergency situation for example during planned or unplanned leave, specifically by the clinical staff, to ensure high quality care.

During this inspection we saw that considerable improvements had been made to increase safety at the practice and provide better quality and compassionate care. The lead GP had become visible and staff told us they felt much more involved and able to communicate and work as a team. The GP was approachable and listened to what staff had to say.

The GP was aware of and complied with the requirements of the Duty of Candour. They now encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

We saw from one formal incidence that the practice had given reasonable support, truthful information and a verbal and written apology to the persons concerned.

Since our last visit there was a clear leadership structure in place and staff felt supported by management. This was a very small practice with only a small number of staff but obvious improvements had been made in this area :

- Staff told us the practice now held regular team meetings and we saw evidence of this.
- Staff said there was a much more open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and supported, particularly by GP and the practice manager. They said they were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the patient participation group, the public and staff

Since our last visit the practice had introduced a patient participation group consisting of five members and they had monthly meetings. The lead GP attended each meeting along with a different member of staff each time so that all staff could get involved. Since forming the PPG was able to demonstrate increased awareness of afternoon, and have put up posters in the surgery advising patients of different activities in the community that could help their physical and mental wellbeing such as community walking. We spoke to a member of the group who said they were

Are services well-led?

Requires improvement



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

looking at different ways to encourage more diversity in the group such as younger members, and also how they could obtain the views of the wider community such as through suggestions and surveys.

Staff reported that the group was a positive addition to the practice, the patients enjoyed the group and improvements to it were to continue.

Continuous improvement

There was a focus that continuous improvement was necessary and changes were being planned to ensure that this improvement was achieved.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met :</p> <p>Care and treatment was not provided in a safe way for service users because:</p> <p>Policies and checks relating to health and safety, fire safety, cold chain and risk assessments were not implemented.</p> <p>This was in breach of regulation 12 (2)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Enforcement actions

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance</p> <p>How the Regulation was not being met :</p> <p>Systems and processes were not established and operated effectively to ensure that good governance was maintained.</p> <p>Regulation 17 (1)</p>