

Dr T Mackenzie and Partners

Quality Report

Haslingden Health Centre
Rossendale
Lancashire, BB4 5SL

Tel: 01706212518

Website: www.haslingdenmedicalgrouppractice.nhs.uk

Date of inspection visit: 3 February 2016

Date of publication: 01/04/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	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 T Mackenzie and Partners	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	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr T Mackenzie and Partners on 3 February 2016. 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, associated records were not sufficiently detailed to support effective communication or demonstrate learning within the practice.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control and prevention.
- Practice training records were not maintained effectively and did not detail sufficient information to demonstrate staff had received core and role-specific training.

- There was a lack of clarity in relation roles and responsibilities for the management of safeguarding activity and reporting within and external to the practice.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but key information had been omitted from those relating to safeguarding and review activity for others had not been completed effectively.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Undertake effective infection control and prevention risk assessments for all areas of the practice and take action to mitigate identified risks in a timely manner.

Summary of findings

- Ensure staff undertake training, learning and development to enable them to fulfil the requirements of their role.
 - Clearly define individual safeguarding lead roles and responsibilities to enable the effective oversight and scrutiny of safeguarding activity.
 - Ensure staff records include all information relevant to their role.
 - Review and update policies, procedures and guidance to ensure the documents include all relevant and required information.
 - Create and make available effective records to support effective communication of decisions and learning opportunities within the practice.
- Professor Steve Field (CBE FRCP FFPH FRCGP)**
Chief Inspector of General Practice

In addition the provider should:

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 there were unintended or unexpected safety incidents, records of reviews and investigations did not detail sufficient information and were not communicated widely enough to support improvement or demonstrate the involvement of relevant people.
- 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:
 - Appropriate action had not been taken to resolve an issue identified during infection prevention and control review.
 - Mandatory training records were not consistently or effectively maintained and associated training had not been completed by all staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, records of core and further training completion were not consistently or effectively maintained.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, this was generally informal and record keeping was limited.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice as comparable to other practices for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had identified it had a growing number of patients aged over 85 years in comparison to other practices in the same area. As a result changes had been made to offer patients in this age group longer appointments.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. Appointments were also available with a named GP when booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 although formal records of communication and learning were limited.

Are services well-led?

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

Requires improvement



- The practice had published aims and objectives but not all staff were aware of these and their responsibilities in relation to them. There was a documented leadership structure and staff felt supported by management.
- The practice had recognised the challenges created through difficulties experienced in the recruitment of permanent GPs for the practice and action had been taken to minimise potential disruption to patients.

Summary of findings

- Regular governance meetings were held within the practice but meeting records lacked sufficient detail to support effective communication and meetings were not always supported by formal agendas.
- The practice had a number of policies and procedures to govern activity. The policies had been subject to review but reviews had not always been completed thoroughly and some policies lacked essential details and this reduced their value and effectiveness.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- We were told all staff had received inductions and annual appraisals. However, supporting records were not consistently maintained for all staff.
- The practice had systems in place for knowing about notifiable safety incidents and a basic system was in place to share the information with staff.

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 providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccination rates for patients aged over 65 years (01/09/2013 to 31/01/2014) were 75.7%, above the national average of 73.2%.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was between 71% and 98% this was slightly higher than or comparable to the national average range of 78% to 94% with performance for one indicator falling below but remaining comparable to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was comparable to the national average, 76.17% compared to 75.35% respectively.
- Cervical screening uptake data from 2014/15 for women aged 25-64 years was 84.79%, which was comparable to the national average of 81.83%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

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

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, those experiencing mental health issues and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Requires improvement



Summary of findings

- 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. However, it was noted that contact details for relevant agencies was not present in the dedicated areas within associated practice policy documents and formal training had not been completed by all staff.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- Data showed the practice achieved variable percentages when compared to the national averages for mental health related indicators detailed within the Quality Outcomes Framework. For example:
 - 80% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which lower than the national average of 84.01%
 - 97.14% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan compared to 88.47% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published 2 July 2015 (relating to data collected from July – September 2014 and January – March 2015) showed practice performance was generally higher when compared to local and national averages. 291 survey forms were distributed and 110 were returned. This was a response rate of 37.8% and represented 1.1% of the practice's patient list.

- 59.3% found it easy to get through to this surgery by phone compared to a CCG average of 71.1% and a national average of 73.3%.
- 88.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.2%, national average 85.2%).
- 87.2% described the overall experience of their GP surgery as good (CCG average 84.5%, national average 84.8%).

- 82.6% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. The comments identified patients found the practice to be friendly and efficient with one praising a staff member by name for going the extra mile.

We spoke with 10 patients during the inspection and two members of the patient participation group (PPG). All 10 patients and the two members of the PPG said they were happy with the care they received and thought staff were approachable, committed and caring. Two patients had experienced issues getting an appointment with their preferred GP but both acknowledged an appointment was possible if they were prepared to wait up to two weeks. One patient commented they had noticed the practice had improved during the previous five years.

Areas for improvement

Action the service **MUST** take to improve

- Undertake effective infection control and prevention risk assessments for all areas of the practice and take action to mitigate identified risks in a timely manner.
- Ensure staff undertake training, learning and development to enable them to fulfil the requirements of their role.
- Clearly define individual safeguarding lead roles and responsibilities to enable the effective oversight and scrutiny of safeguarding activity.

- Ensure staff records include all information relevant to their role.

Action the service **SHOULD** take to improve

- Review and update policies, procedures and guidance to ensure the documents include all relevant and required information.
- Create and make available effective records to support effective communication of decisions and learning opportunities within the practice.

Dr T Mackenzie and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care services and who has received training in the CQC inspection methodology.

Background to Dr T Mackenzie and Partners

Dr T Mackenzie and Partners is based in Haslingden and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 10083 patients on their register and provides services under a General Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 76 years for males and 80 years for females both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England.

The practice had a higher percentage (57.7%) of its population claiming disability allowance than the England average (50.3%).

The service is provided by three GP partners (two male and one female). The practice also employs a practice manager, a practice nurse, two nurse practitioners as well as a number of reception/administrative staff who also cover other duties. The practice also regularly employs locum GPs and is a training practice with trainees at different stages of their learning in the practice.

The practice is based in a refurbished health centre, under contract with NHS East Lancashire, and offers a comprehensive range of services. It is fully equipped with facilities for the disabled including disabled parking at the rear of the building, access ramps, double doors, disabled toilet, hearing loops in the reception area and a lift.

The practice is open 8am to 6.30pm Monday to Friday with extended hours on Tuesdays from 7am to 8pm. The practice triages calls they receive and make appointments available on the same day in accordance with assessed need. There is also provision for ill children to be seen the same day.

When the practice is closed Out of Hours services are provided by East Lancashire Medical Services and contacted by telephoning NHS 111.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 3 February 2016. 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 and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out periodic analysis of the significant events.

There was a basic system in place to receive and distribute safety alerts. However, when there were unintended or unexpected safety incidents, records of reviews and investigations did not detail sufficient information and were not communicated widely enough to support improvement or fully demonstrate the involvement of relevant people.

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

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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 included provision for the inclusion of who to contact for further guidance if staff had concerns about a patient's welfare but this information had not been included. However, a separate list of relevant contacts was available in the reception office.
- A nurse practitioner was the lead member of staff for safeguarding and a practice GP was identified as the deputy lead. Both the lead and deputy attended safeguarding meetings when possible and always provided reports where necessary for other agencies. However, there was a lack of clarity and coordination of

safeguarding responsibilities and reporting between the safeguarding lead and deputy that had the potential to undermine effective multi-disciplinary management of safeguarding activity.

- Staff demonstrated they understood their responsibilities and we were told all had received training relevant to their role although training records contained insufficient detail to provide robust assurance. However, it was confirmed that the lead member of staff and a practice GP were trained to Safeguarding level 3.
- Chaperones were available on request if required. All staff who acted as chaperones were trained for the role and 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse practitioner was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control policy in place, however, not all staff had received up to date training in accordance with the policy.
- It was noted the last full annual infection prevention and control audit was completed in 2013 but we did see records that demonstrated staff members had completed more recent infection prevention and control reviews of their own individual work areas. However, a review of a sample record identified that no action had been taken following the identification and escalation of a potential infection control issue during a check completed in 2015.
- 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 Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service as required in accordance with the practice DBS risk assessment. The practice DBS risk assessment identified that only clinical staff were subject to DBS checks and staff confirmed only clinical staff acted as chaperones.
- All staff had individual access to the electronic systems used by the practice for patient administration such as looking at personal details, adding notes and looking at test results.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives.
- The practice had up to date fire risk assessments as part of the estates management who owned the building and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was available and working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However, staff told us they did not think staffing levels were sufficient, particularly during periods of staff absence, and reliance was placed on staff teamwork. As a result it was a challenge for staff to complete both primary and additional responsibilities effectively.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Training records indicated that not all staff had received annual basic life support training.
- 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. It was noted the practice had a system in place to check the availability of emergency equipment but this system did not include checking the expiry dates of the masks for use with the emergency oxygen. We found four of the five masks available to be out of date.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. It achieved 95.6% of the total QOF target in 2014/15 (with a clinical exception rate of 13%), which was above the national average of 94.2%. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was higher when compared to the national average. For example:
 - 97.65% of patients with diabetes had received an influenza immunisation compared to the national average of 94.45%.
 - Patients with a record of a foot examination was 93.18% compared to the national average of 88.3%.
 - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 89.89% compared to the national average of 78.03%.
 - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81.28% compared to the national average of 80.53%.
- 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 84.95% compared to the national average of 83.65%.

- Performance for mental health related indicators was variable when compared to the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 97.14% compared to the national average of 88.47%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 80% compared to the national average of 84.01%.

Practice performance records detailed that 47% of patients on repeat medications and 61% of patients on 4 or more repeat items had a medicines review appropriately coded and recorded in the previous 12 months. We were told the practice had recently transferred to an electronic repeat prescribing system and further action was required to ensure medication reviews are properly recorded when completed.

Clinical audits demonstrated quality improvement. However, it was noted audit activity was not supported by a structured approach based on assessment of clinical need within the practice.

- We were shown information and results for two two-cycle clinical audits completed in the last two years. Both of these were audits where the improvements made were implemented and monitored.
- The audits focused on gout management and repeat prescribing for antibiotics and the findings were used by the practice to improve services. For example:
 - The results of the gout management audit and the implementation of an associated action plan identified that monitoring and review of patients had increased from 25% to 96%.
 - The results of the audit on repeat prescribing for antibiotics identified that action taken had reduced the number of patients meeting the audit criteria from 102 in October 2015 to 68 in January 2016.
- The practice also 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.

Are services effective?

(for example, treatment is effective)

Effective staffing

- The practice had 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. However, we found that induction records were not maintained for all staff and some staff members told us they had no recollection of completing a formal induction programme.
- Practice training records were not maintained robustly and did not detail sufficient information to demonstrate staff had received core and role-specific training. The practice had recognised that staff were not up to date with core training requirements and had developed a basic action plan to rectify the situation. The plan sets out an intention to seek assistance from a specialist training facilitator and details a target for all staff to have completed relevant training by August 2016.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff told us they had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place periodically and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the basic consent and decision-making requirements of legislation but awareness of other related legislation and guidance such as the Mental Capacity Act 2005, Gillick Competence and Fraser guidelines was limited. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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.
- The team worked with a substance misuse service to offer a wide range of support for anyone worried about their own or somebody else's substance or alcohol use.
- Patients were signposted to other relevant services in accordance with clinical need.

The practice's uptake for the cervical screening programme was 84.79%, which was higher than the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.5% to 98.4% and five year olds from 84.1% to 100%.

Flu vaccination rates for the over 65s were 75.72%, and at risk groups 56.17% and were comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also offered longer appointments to patients aged over 85 years to incorporate relevant signposting and polypharmacy reviews.

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.

The three 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.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84.5% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 86.2% said the GP gave them enough time (CCG average 86.9%, national average 86.6%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94.5%, national average 95.2%).
- 79.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.7%, national average 85.1%).

- 89.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.2%, national average 90.4%).
- 83.4% said they found the receptionists at the practice helpful (CCG average 84.6%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 85.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%.
- 76.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.9%, national average 81.4%).
- 88.4% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.2% and national average of 89.6%.
- 85.5% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.9%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had sufficient space and flexibility for the current number of patients being treated. The premises and services had been designed to meet the needs of people with disabilities and was accessible to patients with mobility difficulties. The reception desk had been lowered so people in wheelchairs could access the staff more readily.
- A hearing loop was located at the reception desk for those who were hard of hearing.
- There was sufficient free parking to meet patients' needs as well as a number of disabled parking bays.
- The practice offered early and late appointments on Tuesdays for patients who could not attend during normal opening hours.
- The practice had reacted to potential capacity issues following a reduction in the number of permanent GPs in the practice and had introduced a triage process and telephone consultations.
- Longer appointments were available for people with a learning disability and those aged over 85 years.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed.
- The practice was working with the nurses from the CCG who went into the local care and nursing homes on a routine basis. The GP's signposted any patients who required follow up to these nurses and vice versa.

Access to the service

The practice was open 8am to 6.30pm Monday to Friday with extended hours on Tuesdays from 7am to 8pm. **The**

practice triaged calls and made appointments available on the same day in accordance with assessed need. There was also provision for ill children to be seen the same day.

Routine pre-bookable appointments were available from the day of inspection onwards and staff told us that routine appointments could be booked four weeks in advance. Patients confirmed they had no difficulties in getting any appointments. Online booking and telephone bookings were also available.

Results from the most recent national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 on request from reception staff, within a practice leaflet or via the practice website.

We looked at nine complaints received in the last 12 months and found basic records had been maintained and the outcomes shared with the practice partners and practice management staff. The records indicated the complaints were dealt with in a timely and satisfactory manner. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of patient dissatisfaction with a locum consultation the practice introduced an aim to recruit suitable long-term locums to improve continuity of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Practice staff described a clear vision to deliver high quality care and promote good outcomes for patients. The practice had published a practice charter for patients and staff knew and understood the values of the practice.

Governance arrangements

The practice had an overarching governance framework which aimed to support the practice in achieving its objectives in providing safe care. However we found some areas of implementation required development and improvement.

The governance framework outlined the structures and procedures in place:

- There was a clear staffing structure and that staff were mostly aware of their own roles and responsibilities. For example, not all staff had access to current documented job descriptions and there was a lack of clarity in the division of safeguarding management responsibilities.
- Practice policies were available to all staff. The policies had been subject to review but reviews had not always been completed thoroughly and some policies lacked essential details and therefore the value of those policy documents was reduced. For example key contact details had not been included within policies related to safeguarding.
- An understanding of the performance of the practice was maintained.
- Clinical audit was used to monitor quality but it was noted audit activity was not supported by a formal programme.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, action was not always taken in a timely manner when potential issues were identified. For example issues identified and escalated as a result of infection prevention and control checks completed by practice staff in 2015 had not been addressed at the time of our inspection.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. 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 practice had recognised the challenges created through difficulties experienced in the recruitment of permanent GPs for the practice. Action had been taken to minimise potential disruption to patients through the employment of locum GPs and the implementation of changes to the appointment system to improve patient access and make the best use of available resources.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. However, records of meetings lacked sufficient detail to support effective communication and we were told meetings were not always supported by formal agendas.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement 

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

- Staff were very complimentary of the practice and some told us they would not want to work anywhere else and this was the best practice they have worked in.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of feedback and consultation with the group the practice had increased the availability of advance appointment bookings from two to four weeks.
- Members of the PPG told us the practice operated in a transparent manner and the group were informed if the practice identify any issues with any suggestions from the group considered and supported if deemed viable.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice had recognised and reacted positively to the changing demographic in the local area and also the challenges created through difficulties experienced in the recruitment of permanent GPs for the practice.

The practice was involved in a local dementia initiative to raise awareness, break down barriers and identify opportunities for improvement. Practice staff had been given and taken the opportunity to attend dementia awareness and training sessions to aid understanding and improve the level of care for this patient group. We were told the practice was aiming to enable staff to become 'dementia champions'.

The practice was a training practice and had regular trainees at different stages of their learning. As a training practice staff were supported through mentorship and guided learning.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not completed a comprehensive infection, prevention and control risk assessment since 2013 and failed to take appropriate action following the identification of an infection, prevention and control risk during an individual room check in 2015.</p> <p>This was in breach of regulation 12(1)(2)(b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure there was sufficient clarity in relation to lead roles and responsibilities for safeguarding activity to ensure the right level of scrutiny and oversight was in place within the practice.</p> <p>This was in breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person did not ensure staff records included all information relevant to the individual roles staff members were employed to undertake.

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not ensure all persons employed by the service received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.

This was in breach of regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.