

Chapel Street Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Chapel Street Medical Centre on 21 April 2015. We found that the practice was performing at a level which led to a ratings judgement of requires improvement.

Our key findings were as follows:

Specifically, we found the practice to be good for providing a caring and responsive service. It requires improvement for providing a safe, effective and well led service for the population groups we assess.

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

- The practice used a range of information to identify risks and improve patient safety and staff understood their responsibilities to raise concerns.
- Staff were trained in safeguarding procedures and knew to report abuse to a senior member of staff.

- Systems are in place to manage medicines safely. However, improvements need to be made to the way information about patients' medicines is transferred into their case notes following a hospital visit.
- Equipment such as disposable gloves and aprons were available to protect staff from exposure to potential infections.
- Patients told us that they were treated with respect and described the reception staff as helpful, welcoming and polite. They said the GPs and nurses provided excellent care and they were treated with dignity and respect.
- Patients who experienced mental health problems were referred to a counselling service or support agency for emotional support.
- The practice had access to translation services for patients whose first language was not English
- Staff received training appropriate to their roles.
- The practice worked with other health care professionals to support continuity of care for patients.
- There was a leadership structure in place and staff were supported by management. However, some

Summary of findings

improvements were needed to ensure ongoing improvement to the service including the review of significant events and clinical audits for the purpose of improving outcomes for patients.

Importantly the provider must:

- Ensure governance systems are in place that bring about improvements to the service including the review of significant events for the purpose of learning, providing an annual health check to patients with a learning disability and improving the appointment system so that patients can access the service more easily.

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

- Ensure a full cycle of clinical auditing takes place to ensure positive outcomes for patients.

- Ensure there is a way of alerting staff to potential safeguarding situations.
- Ensure there is a system in place of transferring patients on the child protection register to the new practice.
- Ensure there is a way of monitoring patients when repeat prescriptions are not collected.
- Ensure improvements are made to the way information about patients' medicines is transferred into their case notes following a hospital visit.
- Ensure a more thorough system is set up to recall patients who do not attend appointments.
- Ensure GPs receive training on the use of the Mental Capacity Act 2005.
- Ensure complaints are formally audited to identify trends and patterns in order to preventing complaints from re occurring.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement. The practice used a range of information to identify risks and improve patient safety. The practice had an appointed GP who took responsibility for managing safeguarding referrals for vulnerable adults and children. A template was in place for recording significant events. This indicated the information that should be recorded which included details of the event, the learning outcome and action plan. However, the template did not show complete audit cycles had been undertaken to demonstrate the practice had reviewed its clinical practice and had monitored any changes and learnt from it. Information about the availability of a chaperone service was available on the practice website and displayed in the patient waiting area. The practice did not have a chaperone policy. Medicines were well managed. Equipment was checked to ensure it was in good working order. Staff references for one staff member were not in place and other professional references could not be verified as proof that they were from a credible referee.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. We saw no evidence of discrimination when care and treatment decisions were made. The GPs lead in specialist clinical areas such as diabetes and COPD. The system for reviewing long term conditions was not effective for monitoring and improving the outcomes for patients. Although there was a recall system in place to monitor patients with long term conditions, this was not done in a scheduled way, rather on an ad hoc basis. Most patients we spoke with said they had to contact the surgery to book a follow up appointment for their condition rather than being recalled by the surgery. Clinical audits were carried out, a full cycle of clinical audit had not always taken place to review patients' care and implement change where necessary. The information had not been reviewed to ensure learning outcomes provided the best for patients' care. A staff appraisal was held last year with each member of the reception staff. The review of this meeting was overdue for this year. Staff spoken with said they felt well supported in their role and were encouraged to develop their skills and learning through training. The practice worked with other health care professionals to support continuity of care for patients. Clinical staff told us they had a good

Requires improvement



Summary of findings

relationship with other health care professionals such as health visitors where information about patients was shared appropriately. The patients we spoke with told us clinical staff involved them in making decisions about their care and treatments.

Are services caring?

The practice is rated as good for providing caring services. Patients told us that they were treated with respect and described the reception staff as helpful, welcoming and polite. They indicated the GPs and nurses provided excellent care and they were treated with dignity and respect. Patients told us the GPs and nurses explained their treatments and any risks involved. Half of the patients said they were given options about their treatments. They said they had enough time during their consultation to talk about their health care issue. Patients who experienced mental health problems were referred to a counselling service or a support agency for emotional support.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Appointments were available outside of school hours and extended opening hours were available to patients who were unable to attend appointments during the day. Longer appointments were available for patients with a mental health problem or long term condition. Additional opening hours were offered on a Monday evening. Extra surgeries had been provided over three weekends in January and on four days over the Easter Bank Holiday. Information about local support groups was given to the carers of patients with a diagnosis of dementia and palliative care was provided in line with the Gold Standards Framework. Information about how to book an appointment was available on the practice website. Many patients told us they found it difficult to book an appointment through the 48 hour booking system. A copy of the complaint procedure was displayed at the reception desk. Two of the fourteen patients we spoke with knew how to make a complaint about the standard of the service they received.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. The practice did not have a specific vision and strategy for the running of the practice rather we were told they gave a 'grass roots' service based on providing a good family focussed service. There were defined lines of responsibility and accountability for the clinical and non-clinical staff. Regular meetings were held for clinicians to talk about the management of the service and individual patient care issue. There was a leadership structure within the practice which had named members of staff in lead roles. We spoke with staff

Requires improvement



Summary of findings

members and they were all clear about their own roles and responsibilities. Staff demonstrated an enthusiasm to ensure patients received good care. Staff spoken with reported an open environment for learning with regular training being provided. Information about significant events and clinical audits did not demonstrate the practice had reviewed its clinical practice and had monitored any changes and learnt from it. Staffing recruitment procedures were not managed in line with good practice and the system for managing long term conditions was not effective for monitoring and improving the outcomes for patients.

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

There were aspects of the practice linked to how safe, effective and well led that required improvement and this related to all population groups. The practice provided flu and shingle vaccinations and 24 hour blood pressure monitoring. Information was available to older patients about other services available at the practice and in the community. In the latter part of 2014 the practice introduced a piloted scheme to bridge the gap between medical and social care for elderly patients. GPs provided extra dedicated appointments and proactively introduced patients aged over 75 to a member of Tameside carers. Tameside carers visited the surgery to help patients with a variety of needs such as social groups and financial advice. The TV in the patient waiting area provided patients with information about different health issues.

Requires improvement



People with long term conditions

There were aspects of the practice linked to how safe, effective and well led that required improvement and this related to all population groups. The system for reviewing long term conditions was not effective for monitoring and improving the outcomes for patients. Although there was a recall system in place to monitor patients with long term conditions, this was not done in a scheduled way, rather on an ad hoc basis. Most patients we spoke with said they had to contact the surgery to book a follow up appointment for their condition rather than being recalled by the surgery. Information about local support groups was given to the carers of patients with a diagnosis of dementia. A weight management service was available to support patients with long term conditions and palliative care was provided in line with the Gold Standards Framework.

Requires improvement



Families, children and young people

There were aspects of the practice linked to how safe, effective and well led that required improvement and this related to all population groups. Cervical smears and a sexual health service including contraception advice were available. Chlamydia testing was available along with contraceptive implants. Childhood immunisation clinics were carried out and a midwife service was available. A weight management service was also available.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

There were aspects of the practice linked to how safe, effective and well led that required improvement and this related to all population groups. Extended hours were offered on a Monday evening. Additional appointments were provided over three weekends in January and on four days over the Easter bank holiday. Joint injection clinics were available on the day rather than patients having to book another appointment.

Requires improvement



People whose circumstances may make them vulnerable

There were aspects of the practice linked to how safe, effective and well led that required improvement and this related to all population groups. The practice referred patients for tuberculosis screening and a translation/interpreter service was available to patients whose first language was not English.

Requires improvement



People experiencing poor mental health (including people with dementia)

There were aspects of the practice linked to how safe, effective and well led that required improvement and this related to all population groups. The practice offered a counselling service and directed patients to other services in the community for emotional support. The diagnosis rate for dementia was higher than average for Tameside. Information about a local support group for patients with dementia was given to their carers with their prescriptions for medicines. Additional time was given during consultations to patients with poor mental health. One of the GPs specialised in acupuncture and provided this service for patients with mental health problems.

Requires improvement



Summary of findings

What people who use the service say

We spoke with 14 patients who used the service on the day of our inspection and reviewed 26 CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the reception staff helpful, welcoming and polite. They indicated the GPs and nurses provided excellent care and they were treated with dignity and respect. Three patients were unhappy with the service and treatment they received and described the reception staff as rude and unpleasant.

We looked at the information gathered from the Friends and Family test carried out between December 2014 and April 2015. This patient survey asked patients how likely they were to recommend the surgery/services to friends and family. 82% of patients were highly likely or likely to recommend the service, 14% unlikely or highly unlikely to recommend the service and 4% were neither likely nor unlikely.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. National GP survey results published in July 2014 indicated that the practice was best in the following areas:

- 90% of respondents described the overall experience of their GP surgery as fairly good or very good. The national average is 85.76%.

- 91% of respondents stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average is 90%.
- 92% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average was 90%.
- 90% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. The national average was 85%.
- 86% of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. The national average is 81%.

The national GP survey results published in July 2014 indicated that the practice could improve in the following area:

- 2.5% of respondents to the GP patient survey stated they can be overheard by other patients in the reception area.

Areas for improvement

Action the service **MUST** take to improve

- Ensure governance systems are in place that bring about improvements to the service including the review of significant events for the purpose of learning, providing an annual health check to patients with a learning disability and improving the appointment system to ensure patients can access the service more easily.

Action the service **SHOULD** take to improve

- Ensure a full cycle of clinical auditing takes place to ensure positive outcomes for patients.

- Ensure there is a way of alerting staff to potential safeguarding situations.
- Ensure there is a system in place of transferring patients on the child protection register to the new practice register.
- Ensure there is a way of monitoring patients when repeat prescriptions are not collected.
- Ensure improvements are made to the way information about patients' medicines is transferred into their case notes following a hospital visit.
- Ensure a more thorough system is set up to recall patients who do not attend appointments.

Summary of findings

- Ensure GPs receive training on the use of the Mental Capacity Act 2005.
- Ensure complaints are formally audited to identify trends and patterns in order to preventing complaints from re occurring.

Chapel Street Medical Centre

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, a specialist advisor practice nurse and an expert by experience. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services.

Background to Chapel Street Medical Centre

Chapel Street Medical Centre at Chapel Street Ashton Under Lyne has 5700 registered patients and is part of Tameside and Glossop Clinical Commissioning Group.

There were two male GPs working at the practice and one female GP. The practice staff include two practice nurses, a phlebotomist and a supporting administration / reception team which comprised of ten staff including the practice manager and a business manager.

The practice delivered commissioned services under the General Medical Services contract.

Surgery opening hours are:

Monday 8.30am – 8.15pm (except bank holidays)

Tuesday – Friday 8.30am - 6.00pm

The surgery is closed the 3rd Thursday of each month between 1.00pm and 4.00pm for staff training.

Go To Doc provide urgent out of hours medical care when the practice is closed.

Information about appointments was available to patients on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

Why we carried out this inspection

We inspected this service as part of our 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. This 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.

This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

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

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

Detailed findings

- Is it well-led?

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

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to

share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 21 April 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how staff handled patient information and spoke with patients face to face. We discussed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We looked at survey results and reviewed CQC comment cards left for us on the day of our inspection. We spoke with the practice manager, GPs, practice nurse, administrative staff and reception staff on duty.

Are services safe?

Our findings

Safe track record

Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations (for example NHS England and Tameside and Glossop Clinical Commissioning Group to share what they knew). No concerns were raised about the safe track record of the practice.

The practice used a range of information to identify risks and improve patient safety. These included complaints, health and safety incidents and feedback from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. When an incident occurred, information was shared with other staff during team meetings to ensure staff were up to date with any changes to practice that may have occurred as a result of the incident.

Learning and improvement from safety incidents

Medical safety alerts and patient alerts (these identified information about possible missing persons or patients who may present with challenging behaviours) from national safety bodies were received by the practice manager and emailed to relevant staff so they were kept informed of changes to practice and local information.

A template was in place for recording significant events. This indicated the information that should be recorded which included details of the event, the learning outcome and action plan. However, the template did not show complete audit cycles had been undertaken to demonstrate the practice had reviewed its clinical practice and had monitored any changes and learnt from it.

Regular meeting took place with the staff team to discuss incidents that occurred at the practice.

Staff were able to describe the incident reporting process and told us they were encouraged to report incidents. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally.

Business and educational meetings also took place and provided staff with an opportunity to discuss and learn from safety incidents for the purpose of improving outcomes for patients.

Reliable safety systems and processes including safeguarding

The practice had systems to manage risks to vulnerable children, young people and adults. Staff were trained in safeguarding procedures and knew how to recognise signs of abuse in adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours. Staff knew who took responsibility for managing safeguarding referrals and who to speak with in the practice if they had a safeguarding concern.

The GP who took responsibility for managing safeguarding referrals for vulnerable adults and children was trained to the appropriate level which ensured a patient's concern was dealt with correctly and in a timely fashion. There was no system in place for monitoring vulnerable patients. Staff had raised a concern about the welfare of a child. The matter had immediately been referred to social services; however no alert had been placed on the patient's notes to ensure all staff were aware of this situation.

The patients spoken with during the inspection said they felt safe when they visited the practice.

Information about the availability of chaperones was on the practice website and displayed in the patient waiting area. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Only nursing staff acted as chaperones. They were trained for this role so they understood their responsibilities when acting as a chaperone, including where to stand to be able to observe the examination. The patients we spoke with said they had never needed a chaperone during their consultations. There was no formal policy on the use of chaperones, rather it was up to individual GPs to document if this service was offered or declined. This was evident in the records we looked at.

Medicines management

Temperature sensitive medicines were stored safely and a daily check of the fridge temperatures was completed. Medicines were stored securely and stocks were well organised.

The patients we spoke with said they were happy with the way their prescriptions were handled and patients who

Are services safe?

used repeat prescriptions said the system in place worked well. Prescriptions were stored securely. GPs prescribe medicines as necessary and a receptionist could add new medicines to a patients records, for example those prescribed by a hospital consultant following a hospital visit or admission. There was no evidence to demonstrate this addition was checked by a GP for accuracy.

Prescriptions that were not picked up were destroyed at the end of the month. We were given different information about whether or not a check was made as to the reasons why these prescriptions had not been collected.

Emergency medicines were stored in a separate locked cabinet; regular checks were completed on these medicines. A register of controlled medicines was kept along with a record of their disposal. Vaccines were stored at the practice and a system of stock rotation was in place to ensure they were used in line with current guidelines.

One of the fridges was not securely connected to the mains electricity which meant it could be accidentally switched off without staff knowledge.

Cleanliness and infection control

Patients told us the practice was always clean when they visited and they had no concerns about infection control. The practice was cleaned daily by domestic staff employed by the practice.

We were informed that one of the GPs took responsibility for managing infection control in the practice.

Equipment such as disposable gloves and aprons were available. This was to protect staff from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms. Sharps boxes were available for the disposal of needles and sharps bins were appropriately located and labelled. The practice had access to spillage kits to enable staff to appropriately and effectively deal with any spillage of body fluids. Cleaning schedules were in place.

Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Clinical staff were trained in infection control and further training in this area was planned.

An infection control audit had been completed and reviewed with a further review date set for February 2016. No major issues arose from this audit.

Equipment

There were service contracts in place for regular checks of fire extinguishers and the calibration of medical equipment such as blood pressure monitors, baby scales and ear syringes.

A defibrillator was not provided at the practice. Arrangements were made to share this with a local dental practice near to the practice. We were informed that arrangements were being made to purchase this equipment for the practice.

Staffing and recruitment

The practice manager explained the procedure staff followed when recruiting and employing staff. This was thorough and reflected good practice. We spoke with two newly recruited staff members who confirmed they completed an induction training programme when they were first employed. We looked at three staff recruitment files. Interview notes had not always been recorded. Two staff references had been taken up prior to one staff member being employed, however, the staff references for a member of the clinical staff were not available, although the practice manager said it had had been taken up. There was no way of the practice assuring themselves that some references were valid as they were not on headed paper or had been validated by the practice manager. Policy guidance was available to the practice manager about how to manage poor staff performance. A Disclosure and Barring Service (DBS) check had been completed for nursing staff and some reception staff. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, specifically children.

Staff told us there were enough staff to maintain the efficient running of the practice and there were always enough staff on duty to keep patients safe. Most of the reception staff had worked at the practice for many years and overall there was a low staff turnover. This was confirmed by the staff we spoke with who confirmed they enjoyed their work and felt well supported in their role.

Monitoring safety and responding to risk

Are services safe?

The practice has a system in place for reporting issues of safety. There were procedures in place to assess, manage and monitor risks to patient and staff safety. These included annual, monthly and weekly checks of equipment. Staff had sufficient support and knew what to do in emergency situations. An intruder alarm was installed, fire safety checks were carried out and medicines were well managed. The practice also had a health and safety policy so that staff were aware of their responsibilities and knew how to work safely.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being. For example GPs provided extra dedicated appointments and proactively introduced patients aged over 75 to a member of Tameside carers. Tameside carers is an organisation which provides support and advice with social and financial issues. A weight management service was available to support patients with long term conditions and palliative care was provided in line with the Gold Standards Framework. Extended hours were offered on a Monday evening. Additional appointments were also provided over three weekends in January and on four days over the Easter Bank Holiday. The practice offered a counselling service and directed patients with poor mental health to other services in the community.

A range of policies and procedures were in place to provide guidance and information to staff about the way the practice operated and what was expected of them. Staff were provided with regular training so they kept up to date with changing care practices and were equipped to carry out their role safely. The practice manager identified training as an area for development for the future. They planned to review staff training needs and develop the current training plan for the forthcoming year.

The practice participated in the Quality and Outcomes Framework (QOF). system This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. QOF data from 2013/2014 showed the practice was performing about average when compared to other practices nationally. The practice performed similar to expected in maintaining a register for patients with a learning disability, a register of all patients in need of palliative care/support and having regular multidisciplinary reviews of patients on the palliative care register.

Arrangements to deal with emergencies and major incidents

A business continuity plan was in place for the practice. The plan identified management plans for dealing with potential foreseeable risks and disruptions to the practice. This ensured systems were in place to monitor the safety and effectiveness of the service in the event of an incident to reduce the risk of patients coming to harm. Staff told us they had access to the information and contact numbers to divert the practice phones to individual staff mobiles if needed. Clear lines of communication were identified. The contact details of staff and utility providers were available to support staff in managing an emergency.

Staff were trained in basic life support skills each year. Emergency medicines and equipment were available to staff and systems were in place to alert GP's and nurses in the event

of an emergency. Some staff were trained to deal with difficult situations involving patients who presented with challenging behaviours in the form of verbal aggression.

Fire safety checks were completed regularly. An oxygen cylinder was available in case of an emergency

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The culture in the practice was that care and treatment decisions were made on patients' needs and referrals to other services were made as a result of these decisions.

GPs and the practice manager met regularly to discuss the management of the service and individual patient cases making sure that all treatment options were considered. Reception staff met monthly to discuss the running of the practice. Time was allocated to training during these meetings. For example, staff discussed updated policies and procedures, information governance and staffs role in ensuring patients were safeguarded from harm and abuse.

The practice offered both dementia screening and an immunisation programme for flu, and shingles when appropriate. Patients with a learning disability were not offered an annual health check.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. QOF data from 2013/2014 showed the practice was performing similar to expected when compared to other practices nationally. The practice performed similar to expected for maintaining a register of all patients in need of palliative care/support and having regular multidisciplinary reviews of patients on the palliative care register.

Most patients we spoke with said they had to contact the practice to book a follow up appointment for any long term conditions rather than the practice contacting them. did not follow up patients in a scheduled way rather this was on an ad hoc basis.

The practice carried out clinical audits to demonstrate on going quality improvement. On the day of the inspection, one of the GPs gave a number of examples of clinical audits whereby advice or a change of medication was required. Patients were identified, written to, and changes made. However, the audit did not ensure future patients would benefit from this approach as the audit cycle was not repeated or under regular review to ensure positive outcomes for all patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged and given opportunity to develop in their role. This was confirmed by the practice nurse who told us the GPs allowed and encouraged them to attend regular training. A training plan was in place for the forthcoming year for clinical and non-clinical staff. This included training in health and safety, confidentiality and risk management. Training relating to clinical issues was also provided such as immunisations, initiation of insulin and minor surgery. The practice manager identified training as an area for development for the future. They planned to review staff training needs and develop the current training plan so that staff have the skills, knowledge and experience to deliver effective care and treatment.

Although formal one to one meetings were not provided, the practice manager offered informal support to staff each day. A staff appraisal was held last year with each member of the reception staff. This provided staff with an opportunity to talk to their manager about their development in their role and set goals for the forthcoming year. The practice manager told us the goals set during the last appraisal meeting needed to be reviewed as they were overdue. An appraisal system was in the process of being completed for nursing staff. They did not receive clinical supervision but confirmed one of the GPs was always available to discuss clinical issues, a record of these discussions was not made. The practice nurses attended clinical update learning sessions provided regularly by the Clinical Commissioning Group.

A system of GP revalidation was in place. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Working with colleagues and other services

The practice worked with other service providers to support continuity of care for patients who needed end of life care. End of life care was provided in line with the Gold Standard Framework and regular meetings took place with the palliative care nurses to discuss patients' care needs. Patients who received end of life care had made a record of

Are services effective?

(for example, treatment is effective)

the treatments they wanted to receive in the future. GPs liaised with the out of hour's provider which ensured their staff were aware of patients' wishes and they were respected and acted upon.

Information sharing

Clinical staff told us they had a good relationship with other health care professionals such as health visitors, and information about patients was shared appropriately.

The practice had systems in place to provide staff with the information they needed. Regular team meetings took place. This provided administrative and clinical staff with an opportunity to talk about the things that were important to them, and for the practice manager to share information about the running of the practice and matters relating to patients' care and treatments.

Clinical staff were kept informed of medical alerts via email along with other information pertinent to their role.

Information to support patients to lead healthy lives was available to them in the patient waiting area and on the practice website. Information was also provided to patients during their consultations with nursing staff and GPs.

Consent to care and treatment

The patients we spoke with told us they were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and give informed consent to treatment.

GPs had an understanding of the Gillick competency which meant younger patients' rights were respected. The Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

No training had been completed in relation to the Mental Capacity Act although one of the GPs we spoke with said they were aware of recent guidance. There was no documentation to demonstrate the use of the Mental Capacity Act and this legislation was not routinely used with patients at the end of their life.

Health promotion and prevention

Patients confirmed that referrals to secondary care were done in a timely manner and they were given an opportunity to discuss their choices.

The practice website provided a range of health promotion information along with links to other relevant medical organisations. This information could be translated into different languages to support patients whose first language was not English. Health promotion information was available in the patient waiting area.

New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment. This provided the practice with information about their medical history, current health concerns and lifestyle choices. This ensured the patients' individual needs were assessed and access to support and treatment was available.

Cervical smears and a sexual health service including contraception advice were available. Chlamydia testing was available along with contraceptive implants. Childhood immunisation clinics were carried out and a midwife service was available for advice. A weight management service was also available. The practice provided flu and shingle vaccinations and 24 hour blood pressure monitoring.

The practice monitored how it performed in relation to health promotion. It used the information from the Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and action required. The QOF information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives. For example, in providing flu vaccinations to patients with diabetes and providing other preventative health checks/screening of patients with physical and/or mental health conditions.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. This indicated that 91% of respondents stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average is 90%. The survey also indicated that 90% of respondents to the survey stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. The national average is 95%.

We gathered the views of patients from the practice by looking at the 26 CQC comment cards that patients had filled in and spoke in person with 14 patients. The information we received showed that patients had positive views about the way they were treated by staff. Patients told us that they were treated with respect and described the reception staff as helpful, welcoming and polite. They indicated the GPs and nurses provided excellent care. Three patients were unhappy with the service and treatment they received from GPs and described the reception staff as rude and unpleasant.

Consultations and treatments were carried out in the privacy of consulting rooms. Curtains were provided so that patients' privacy and dignity was respected. We noticed that treatment room doors were closed during consultations and that conversations taking place could not be overheard.

Care planning and involvement in decisions about care and treatment

The National GP patient survey results published in July 2014 indicated that 86% of respondents to the survey

stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. The national average is 81%. The survey also indicated that 87% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average was 85%. The patients we spoke with on the day of the inspection told us the GPs and nurses explained their treatments and any risks involved. Nine of the 13 patients we spoke with said they were given options about their treatments, the remaining patients said they were not given options about their treatments. Nine patients said they had enough time during their consultation to talk about their health care issue. Two patients said they were not given enough time and two patients did not answer the question.

A translation service was used for patients whose first language is not English. This service could take up to 48 hours to arrange and the translator would meet the patient at the practice. Information about this service was displayed in the patient waiting area.

Patient/carer support to cope emotionally with care and treatment

There was a person centred culture at the practice where the staff team worked in partnership with patients and their families. Three of the patients we spoke with on the day of the inspection told us they received good support when they suffered a bereavement. One patient told us they were offered additional support and another was referred to bereavement counselling.

Patients who experienced mental health problems were referred to a counselling service or support agency for emotional support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

No specific needs of the patient population groups had been identified and no meetings took place to discuss changing the way the practice was currently operating.

The patients we spoke with were generally happy with the way they were treated by reception staff although some comments were made about how the service could improve in this area. In light of this, additional customer care training was being planned.

Patients told us that generally they weren't concerned about seeing the same GP and were happy to see who was available. Patients spoken with commented they were not rushed during consultations and felt their GP or nurse listened to what they had to say.

GPs met monthly with the local Clinical Commissioning Group to discuss local needs in order to respond to and meet patients' needs and improve services.

The Quality Outcomes Framework (QOF) data from April 2013 to March 2014 showed that patients were receiving their diabetes checks when they were needed. A comparison with other practices that belonged to same Clinical Commissioning Group (CCG) indicated that the practice was performing well in relation to care for patients with diabetes.

Tackling inequity and promoting equality

Action had been taken to remove barriers to accessing the services of the practice. The staff team had taken into account patients' different medical needs. For example, a drug and alcohol service was available and the practice had access to translation services for patients whose first language was not English. Information about local support groups was given to the carers of patients with a diagnosis of dementia and palliative care was provided in line with the Gold Standards Framework.

There was level access to the premises and a disabled toilet was available. Hand rails were not in place and no baby changing facilities were available. Parking was limited to six spaces. We acknowledge that the premises are small this limited the availability of some services.

Access to the service

Appointments were available outside of school hours and extended opening hours were available to patients who were unable to attend appointments during the day. Longer appointments were available to patients with a mental health problem or long term condition. Extended opening hours were offered on a Monday evening. Extra surgeries had been provided over three weekends in January 2015 and on four days over the Easter Bank Holiday.

There was a range of health information in the patient waiting area which included information about drug and alcohol services, COPD education programme and information about who patients could contact if they had a concern about the safety of a child. None of the information was in a different language to English. No information was available about the practice opening times, staff team or who patients should contact for an out of hours service.

Information about how to book an appointment was available on the practice website. This included details about how to arrange urgent appointments and home visits. There was also information about how patients could access urgent medical assistance when the practice was closed.

We asked patients about the appointment system and how easy it was to book an appointment. We received a mixed response to this issue. Ten patients said they found it easy to make an appointment and six said they sometimes found it difficult to get through on the phone or they had to wait some time for an appointment. Patients told us about the 48 hour booking system at the practice. This is when patients have to ring the surgery at 8.30 in the morning to book an appointment 48 hours in advance. Patients said they found it difficult to book an appointment through this system. We were informed this issue was being looked into to see how improvements could be made.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager handled all complaints in the practice, although complaints of a clinical nature were investigated by one of the GPs. A copy of the complaint procedure was displayed at the reception desk. This was not provided in any other language than English. Staff were available to support patients make a complaint if they were unable to do this for themselves.

Are services responsive to people's needs?

(for example, to feedback?)

The practice website included information about how patients could make a complaint if they were unhappy with the care and treatment they received. The website could be converted into different languages to help patients whose first language is not English.

The practice manager told us that, when possible, complaints were dealt with at the earliest opportunity so that a patient's needs were dealt with promptly.

Staff spoken with said they knew to report all complaints to a senior member of staff. Complaints were discussed during team meetings so that staff could learn from any mistakes made and be informed of any changes to practice.

Only two of the 14 patients we spoke with on the day of the inspection knew how to make a complaint about the standard of the service they received.

Details about the number and nature of the complaints received were submitted to NHS England for the purpose of monitoring. Although complaints were not formally monitored at the practice, we were informed that the practice manager would notice if any patterns developed. We discussed the benefit of monitoring complaints more formally for the purpose of identifying trends, preventing complaints re occurring and being able to target resources for improving outcomes for patients.

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 did not have a specific vision and strategy for the provision of the service rather we were told they gave a 'grass roots' service based on providing a good family focussed service. The Statement of Purpose recorded the practice aims and objectives. One was to provide the best possible quality service for patients within a confidential and safe environment by working together. Also, to focus on promoting good health and wellbeing to patients through education and information.

Governance arrangements

There were defined lines of responsibility and accountability for the clinical and non-clinical staff. Regular meetings were held for clinicians to talk about the management of the service and individual patient care issue.

The service had a governance structure where each staff member was aware of and accountable for individual responsibilities. For example, the practice manager was responsible for staffing issues and the practice nurse for medicine stocks. GPs had their own areas of responsibility such as safeguarding, and the management of patients' care and treatment issues such as COPD and diabetes.

There were systems in place for managing the day to day operation of the service and for ensuring it was operating safely and effectively. This included reporting and responding to matters that affected the safe and effective running of the service such as accidents and complaints. Ensuring staff were appropriately trained for their role and encouraging patient feedback and responding to issues raised.

The system for recalling patients was not robust. It did not target patients who may not come into the surgery of their own accord, for example patients with a learning disability or mental health problem. Also, patients who were admitted to hospital were not recalled to find out why this had happened and whether any changes had taken place in their treatments.

Leadership, openness and transparency

There was a leadership structure within the practice which had named members of staff in lead roles. We spoke with

staff members and they were clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff told us there was an open culture within the practice and they had the opportunity to raise issues at formal staff meetings. They said the practice manager was very approachable and supportive and would raise issues on their behalf with the GPs.

Human resource policies and procedures were available for staff to refer to, for example, sickness and absence, equality and bullying policy. A whistle blowing policy and procedure was available and staff spoken with were aware of the process to follow if they wanted to raise an anonymous concern.

Practice seeks and acts on feedback from its patients, the public and staff

We looked at the information gathered from the Friends and Family test carried out between December 2014 and April 2015. This survey asked patients how likely they were to recommend the surgery/services to friends and family. 82% of patients were highly likely or likely to recommend the practice, 14% of patients were unlikely or highly unlikely to recommend the service and 4% were neither likely nor unlikely. This information was displayed in the patient waiting area.

Two of the eight patients we spoke with said they had been asked for their views of the practice by completing questionnaires.

Staff spoken with during the inspection said they were encouraged to put forward their views of the service. They said they worked well as a team and staff respected each other's views and opinions.

There was a Patient Participation Group (PPG) at the practice. A PPG is a group of people who work with the GPs to improve services and promote health and improve quality of care. We spoke with the chair of the PPG. They told us that suggestions for changes and improvements to the service came from within the group, rather than surveying patients for their views on a larger scale. The group met three or four times a year to talk about practice related issues. Both the practice manager and business manager attend the meetings. The chair of the PPG was not sure whether a record was kept of these meetings. The PPG was promoted through the TV in the patient waiting area.

Are services well-led?

Requires improvement 

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

Management lead through learning and improvement

A formal appraisal system was in the process of being carried out for nursing staff and was overdue from 2014 for administrative staff.

A template was in place for recording significant events. This indicated the information that should be recorded which included details of the event, the learning outcome and action plan. However, the template did not show complete audit cycles had been undertaken to demonstrate the practice had reviewed its clinical practice and had monitored any changes and learnt from it

Staff spoken with reported an open environment for learning with regular training being provided. Clinical staff had protected learning time once a month so could keep up to date with developments in the medical profession. The practice manager identified training as an area for development for the future. They planned to review staff training needs and develop the current training plan for the forthcoming year. Staff demonstrated an enthusiasm to ensure patients received good care. The GPs were all involved in revalidation, appraisal schemes and continuing professional development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider must ensure that systems or processes are established and operated effectively to ensure compliance with the regulations in particular:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p>