

Rochdale Road Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rochdale Road Medical Centre on 5 November 2015.

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 near misses. There was an effective system in place for reporting and recording significant events.
- Patients needs were assessed and care was planned and delivered although there was no systematic way of dealing with and monitoring updates and guidance from the National Institute for Health and Care Excellence (NICE).
- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients we spoke to said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day but not necessarily with a GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice did not have a formal induction process and administration and nursing staff did not receive regular appraisals.
- The practice did not have an active patient participation group (PPG) and did not proactively seek patients views about improvements to the service.
- There were no formal arrangements in place to ensure the practice complied with the Disability Discrimination Act.

Summary of findings

- There had been no training on the Mental Capacity Act or Deprivation of Liberty.
- The practice did not have a whistleblowing policy however one was provided at a later date.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was no evidence that an infection control audit or legionella risk assessment had been carried out however an infection control audit was provided at a later date.

The areas where the provider must make improvement are:

- Ensure systems are in place to deal with safety alerts and all clinicians are kept up to date with national guidance.

- Ensure all nursing staff have regular appraisals and that GPs and all staff complete mandatory training and keep a comprehensive record of training
- Complete full cycles of audits and create a log of audits with review dates.
- Ensure that regular risk assessments and audits are carried out for infection control and legionella.

In addition the provider should

- Actively seek patient views through a patient participation group and patient survey,

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP) Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Risk assessments had not been carried out in infection control or legionella. However a risk assessment for infection control was provided at a later date.
- There was not a system in place to deal with safety alerts. Clinical staff were not aware of the most recent alert and no evidence was provided about any actions taken as a result of these alerts.
- Risk assessments were in place for staff who carried out chaperone duties.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared with some staff, according to relevance and action was taken to improve safety in the practice.
- When there are 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.

Requires improvement



Are services effective?

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

- There was no formal process for monitoring and updating guidance from the National Institute for Health and Care Excellence (NICE).
- No clinical audits had been carried out in the last 3 years but the practice did have some examples of quality improvement work.
- There was no written evidence of appraisals having taken place with the previous 12 months or of personal development plans for staff.
- Data showed patient outcomes were mostly at or above average for the locality.
- Staff had the experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients needs.
- Routine referrals to secondary care were followed up after 4 weeks to ensure they had been acted on.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients we spoke to 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Housebound patients were routinely visited by the practice nurse.
- Patients that do not attend for their appointment at the surgery or the hospital are always contacted by a GP.
- Repeat Accident and Emergency (A&E) attenders and vulnerable patients are given a bypass telephone number to contact the surgery.
- We were told the GP's saw patients outside the appointment times if required.

Are services responsive to people's needs?

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

Requires improvement



- Appointments finished at 5pm with no extended hours being offered.
- The practice told us that they are part of a local federation that will be offering 8am to 8pm seven day opening times due to start in December.
- The practice relied on the national survey and the family and friends test to review 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.
- Patients we spoke to said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day but not always with the GP of their choice. Although the national survey shows that the practice figures were lower than the local and national averages.
- 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 that the practice responded quickly to issues raised.

Summary of findings

Are services well-led?

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

- The practice had a vision for the future which included improvements to the premises and improvements to the appointment system, to offer a minor surgery service and introduce electronic prescribing.
- The practice vision did not include improving its systems and processes such as clinical audits, dealing with safety alerts and national guidelines or monitoring and recording GP and staff training.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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
- The practice relied on the national survey and the family and friends test for feedback from patients and had not conducted a recent practice survey to obtain patient feedback.
- The practice did not have an current active patient participation group (PPG) although a patient who had been a member of the previous group told us he was going to contact the practice manager to restart the group.
- Some improvements have been made since the addition, to the practice, of a new partner and a new practice nurse.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. There were other aspects of the practice which required improvement and this impacted on all population groups .

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All elderly patients had a care plan in place and a named GP.
- Patients were given a bypass number to contact the surgery.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There were other aspects of the practice which required improvement and this impacted on all population groups .

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Dedicated clinics were held for patients with long term conditions.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were other aspects of the practice which required improvement and this impacted on all population groups .

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of increased A&E attendances. Immunisation rates were high for all standard childhood immunisations.

Requires improvement



Summary of findings

- 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.
- Data showed that 77.02% of women aged 25-64 had a record of a cervical smear test in the preceding 5 years. This was comparable to national figures.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children under the age of twelve were always seen the same day.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice held clinics especially for female health which included contraceptive services.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There were other aspects of the practice which required improvement and this impacted on all population groups .

- The practice offered online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- The first appointment to see a GP is 9am and the last appointment to see a GP was 5pm Mondays to Fridays although the practice were planning to extend this to 5.20pm on Tuesdays and Thursdays.
- The practice did not offer extended hours.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There were other aspects of the practice which required improvement and this impacted on all population groups . .

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities but were unsure who the safeguarding lead was in the practice. They told us they would report any incident to the practice manager.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were other aspects of the practice which required improvement and this impacted on all population groups .

- All people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 on 2 July 2015 showed the practice was performing in line in some areas but lower in others with local and national averages. 366 survey forms were distributed and 115 were returned giving a response rate of 31.4%.

- 64.7% of patients found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73.3%.
- 72.6% of patients found the receptionists at this surgery helpful compared to a CCG average of 85.1% and a national average of 86.8% which is lower than both the CCG and national average.
- 69.9% of patients were able to get an appointment to see or speak to someone the last time they tried which is lower than the CCG average 80% and national average of 85.2%.
- 93% of patients said the last appointment they got was convenient which is comparable to the CCG average of 92.3% and national average of 91.8%.

- 54.9% of patients described their experience of making an appointment as good which is lower than the CCG average of 66.9% and national average of 73.3%.
- 56.5% of patients usually waited 15 minutes or less after their appointment time to be seen, lower than the CCG average 64.4% and national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Comments included individual praise about the doctors, nurses and staff. Eight patients that we spoke to on the day also gave positive feedback about the practice and its personnel. All eight patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems are in place to deal with safety alerts and all clinicians are kept up to date with national guidance.
- Ensure all nursing staff have regular appraisals and that GPs and all staff complete mandatory training and keep a comprehensive record of training

- Complete full cycles of audits and create a log of audits with review dates.
- Ensure that regular risk assessments and audits are carried out for infection control and legionella.

Action the service **SHOULD** take to improve

Actively seek patient views through a patient participation group and patient survey

Rochdale Road 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 specialist advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Rochdale Road Medical Centre

Rochdale Road Medical Centre provides primary medical services in Middleton near Manchester from Monday to Friday. The practice is open between 8.45am and 6.30pm. The first appointment of the day with a GP is 9:00am and the last appointment with a GP is 5:00pm. Extended hours are not offered. Rochdale Road Medical Centre is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Rochdale Road Medical Centre is responsible for providing care to 4300 patients.

The practice consists of two partners both male and three long term sessional GPs, two of whom are female, one practice nurse and one part time phlebotomist. The

practice is supported by a practice manager, assistant practice manager, administration/reception manager and receptionists. The practice were in the process of recruiting a practice nurse.

When the practice is closed patients are directed to the out of hour's service.

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 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 November. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice manager, practice nurse, assistant practice manager, receptionists and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- 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 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)

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and shared with relevant staff and lessons were shared. An example given was when, during a telephone call a member of staff gave out bad news to a patient and read out from a scan report and used a clinical term which the patient understood. The practice discussed this and were reminded to work in accordance with the practice policy.

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

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- 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. Some staff did not know who was the practice lead for safeguarding but told us they would report any concerns to the practice manager. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and we were told that all had received training relevant to their role. GPs told us they were trained to Safeguarding level 3. However, we could not collate all the evidence to support this on the day, for example we could not view all the GPs training certification and training records did not support this.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted

as chaperones were trained for the role. A risk assessment had been taken and a practice decision was made that a DBS check was not necessary for staff acting as a chaperone.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol in place and the infection control lead had undertaken training. The lead was new to the practice and had started to make improvements but not all staff had received up to date training. On the day of the inspection there was no evidence of any infection control audits being carried out however one was provided at a later date.
- 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 had not carried out a medicines audit in the previous 3 years but said they planned to do them for GP revalidation. However they did show us 2 examples of quality improvement work which had been undertaken but as this was undated it was unclear when this work had been carried out.
- The practice had up to date fire risk assessments and regular fire alarm checks were carried out. There had not been a fire evacuation test on the premises in the last 12 months and on the day of inspection there was not an evacuation plan in place.
- There was not a clear system in place for consistently disseminating medical alerts to the clinical staff.
- NICE guidelines were received into the practice but there was no process in place to confirm that clinical staff were consistent in working within the guidelines.
- The CVD Risk and Lipid Statin policy showed an incorrect statin dose which was immediately rectified when it was brought to their attention.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments but had not carried out a fire evacuation

Are services safe?

test in the last 12 months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had other risk assessments in place to monitor safety of the premises such as asbestosis and electrical fixed wiring.

- The practice had not carried out a recent infection control audit however one was provided at a later date.
- The practice had not carried out recent Legionella risk assessments or regular monitoring.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staffing groups to ensure that enough staff were on duty with the exception of the practice nurse. The practice were planning to recruit an additional practice nurse.
- There was no emergency cord in the disabled toilet.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training with the exception of the newest members of staff.
- Staff told us they would dial 999 in an emergency.
- 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 did not have a system in place for receiving and disseminating safety alerts or updates to national guidelines. It was not clear to the GPs or staff who received these and who was responsible for ensuring that updates were discussed and implemented.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90.5% of the total number of points available, with 8.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better in some than the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average.
- Performance for mental health related indicators was lower than the national average
- The dementia diagnosis rate was better than the CCG and national average.

Clinical audits

- There had been no clinical audits completed in the last three years.
- There was no evidence that the practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Although the practice had two examples of quality improvement work, it was undated therefore unclear when this work had been carried out. The findings of this quality improvement work had been used by the practice to improve services. For example, action taken as a result included switching drugs from Ezetimibe to a statin as per NICE guidelines.

Effective staffing

- The practice did not have a formal induction programme for newly appointed non-clinical members of staff.
- For clinical roles the practice could demonstrate how they ensured role-specific training and updating for relevant staff for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- We were told that the learning needs of staff were identified through informal one to one meetings which were not recorded. Staff had access to an e-training programme to cover the scope of their work but did not fully take advantage of this training. There was no evidence to suggest that this was monitored.
- Staff had not had an appraisal within the last 12 months.
- Staff had not received training in Information Governance, mental capacity act and equality and diversity.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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 on a monthly basis 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.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance but this was not always supported by formal evidenced training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 77.02%, which was slightly lower than the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.7% to 97.8% and five year olds from 77.1% to 87.5%. Flu vaccination rates for patients aged over 65s were 75.16% and at risk groups 58.89%. These figures were above the 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient CQC 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 also spoke with 7 patients. 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 that patients felt they were treated with compassion, dignity and respect. The practice was mostly average for its satisfaction scores on consultations with doctors and nurses. For example:

- 84.2% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 88.6%.
- 87% of patients said the GP gave them enough time the same as the CCG average of 87% and the national average of 86.6%.
- 93.6% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95.2% and the national average of 95.2%.
- 71.9% of patients said the last GP they spoke to was good at treating them with care and concern which is lower than the CCG average of 85.4% and the national average of 85.1%.

- 89.9% of patients said the last nurse they spoke to was good at treating them with care and concern which is comparable to the CCG average of 90.5% and national average of 90.4%.
- 72.6% of patients said they found the receptionists at the practice helpful which is lower than the CCG average of 85.1% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by 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 didn't respond as well to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 80.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.6% and national average of 86%.
- 68.6% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.7% and national average 81.4%.

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

Patient and carer support to cope emotionally with care and treatment

Notices 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 16.1% 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice did not have a formal assessment to ensure that it complied with the disability discrimination act. There was no hearing loop available. There was no emergency cord in the disabled toilet.
- The first appointment with a GP was 9am and the last appointment with a GP was 5pm. The practice did not offer extended hours but they told us they were going to trial extending this to 5.20pm on Tuesday and Thursday.
- The practice did not have a current active patient participation group although we spoke to a previous member of the former group who expressed a wish to restart the group. He told us he would contact the practice manager to discuss this.

Access to the service

- The practice was open between 8.45am and 6pm Monday to Friday. Appointments were between 9am and 5pm daily. Urgent appointments were also available for people that needed them.
- The practice told us they would be working with the local federation in providing 8am to 8pm, seven days a week access to a GP in the local area.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower, in most questions, than local and national averages, although people told us on the day that they were able to get appointments when they needed them.
- 60.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.5% national average of 74.9%.
- 64.7% of patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73.3%.
- 54.9% of patients described their experience of making an appointment as good compared to the CCG average of 66.9% and national average of 73.3%.
- 56.5% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.4% and national average of 64.8%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as a poster in the reception area.

We looked at 4 complaints received in the last 12 months and that they were handled satisfactorily and dealt with in a timely way.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

- The practice had a vision for the future which included improvements to the premises and improvements to the appointment system, to offer a minor surgery service and introduce electronic prescribing. They had previously been a training practice and wanted to develop in that area again. However, the practice vision did not include improving its systems and processes such as clinical audits, dealing with safety alerts and national guidelines or monitoring and recording GP and staff training.

Governance arrangements

Although the practice had a governance framework which supported the delivery of good quality care arrangements and outcomes were mixed due to the lack of clinical audits. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- The practice did not have a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but not for the risk of infection control and legionella.

Leadership, openness and transparency

The partners in the practice have the experience and capacity to run the practice however they do not have the systems and processes in place to ensure safety and high quality care. They prioritise compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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 gives affected patients reasonable support, truthful information and a verbal and written apology

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team learning days were held every month.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice sought patients' feedback through the family and friends test and the national survey.

- There wasn't a current active PPG although a previous member of the former group told us he would contact the practice manager to restart the group.
- The practice had not undertaken a recent patient survey.
- Staff told us they would give feedback and discuss any concerns or issues with colleagues and management

Continuous improvement

The practice had recently appointed a new partner and were looking to appoint another in April next year. The new partner had taken over responsibility for staff training but this had yet to be embedded into the practice.

The practice did not tell us of any plans they had to introduce systems to monitor and review processes that would ensure safe responsive and effective care for their patients.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider must ensure that care and treatment must be provided in a safe way for service users by:</p> <p>Doing all that is reasonably practicable to mitigate risks.</p> <p>How the regulation was not being met:</p> <p>The practice did not have a system in place for dealing with safety alerts or national guidance and guidelines.</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider must 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> <p>Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.</p> <p>How the regulation was not being met:</p> <p>The practice had not undertaken any clinical audits in the preceding 3 years</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying out the regulated activity.

Providers must have systems and processes that enable them to identify and assess risks to the health, safety and or welfare of people who use the service.

How the regulation was not being met:

The practice had not carried out risk assessments for infection control or legionella.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Providers must ensure that they have an induction programme that prepares staff for their role.

Training, learning and development needs of staff must be carried out at the start of employment and reviewed at appropriate intervals.

Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

How the regulation was not being met:

The practice did not have an induction programme for non clinical staff.

Non clinical and nursing staff did not have regular appraisals.

This section is primarily information for the provider

Requirement notices

There was no system in place to monitor and record the training of clinical and non clinical staff.