Dr Gallagher and Partners

Quality Report

Westside Medical Centre
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Date of inspection visit: 26 May 2016
Date of publication: 14/10/2016

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Gallagher and partners on 26 May 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Although leading staff were able to tell us about discussions there had been around significant events, there was insufficient documented evidence to demonstrate that learning and sharing of information had taken place across all relevant members of the team to prevent recurrence.
- Some risks to patients were assessed and managed. Others were not identified and effective action had not been taken to mitigate these, for example those relating to emergency medicines, chaperones, having a system to take action in respect of medicines alerts and infection control.
- Patients' needs were assessed and care was delivered in line with current evidence based guidance. Staff had received training appropriate to their roles in order to provide them with the skills, knowledge and experience to deliver care and treatment with the exception of chaperone training for non-clinical staff. Although staff had received training, they did not fully understand the responsibilities of their role as chaperones.
- Patients told us that they were treated with kindness, dignity and respect and that they felt involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice was located in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs.
- The practice had policies and procedures to govern activity, but some were overdue a review. For example, the business continuity plan needed to be updated.
- There was a leadership structure and staff felt supported by management. The practice encouraged feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Establish effective systems to enable the provider to assess and monitor the quality of care being provided and to identify, assess and mitigate risks. For example, in relation to ensuring that chaperones are effectively trained and either have received a Disclosure and Barring Service check or that the risk of not having this is assessed.
- Ensure patients are protected against the risks of receiving unsafe care and treatment by identifying risk and doing all that is possible to mitigate this. For example, by ensuring that audit actions are completed, and medicines and medical consumables are within their expiry dates.

In addition the provider should:

- Take action to establish a system for documenting the discussion of significant events in meetings, so that there is an audit trail which demonstrates learning and sharing of information with all relevant staff.
- Take action to ensure that non-clinical staff undertaking chaperone duties have a thorough understanding of the responsibilities associated with this role.
- Take action to review and update policies and procedures on a regular basis. For example, the business continuity plan was overdue for review.
- Consider the availability of appropriate masks for use with the oxygen cylinder.

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?

Requires improvement

The practice is rated as inadequate for providing safe services.

- There was a system for reporting and recording significant events, and most staff knew how to raise concerns and to report incidents. We were told that significant events were discussed at weekly meetings, which were attended by practice leads, who would feedback information to staff as appropriate. Although the meeting minutes we saw did not provide sufficient detail to demonstrate that significant events were discussed with all relevant staff to prevent any recurrence, we were given an example that corroborated that an incident had been discussed with staff and appropriate action taken.
- When complaints were raised, patients received support, information and a written or verbal apology.
- There were safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse. Staff had received safeguarding training to the appropriate level.
- Systems and processes to address risks to patients were not always implemented to ensure safety. For example, some emergency medicines and equipment were out of date, despite a check having been carried out 10 days beforehand and it was not clear who was accountable for actioning MHRA alerts to ensure patient safety.
- Non-clinical staff who acted as chaperones had neither had a criminal record check nor had the need for such a check been risk assessed. Although they had received training, staff were unable to explain the correct procedures for chaperoning.
- The business continuity plan was overdue for review.
- There was a designated infection control lead, but actions highlighted as needed in audits had not been completed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed that the practice achieved 98% overall, which was 4% above the CCG average and 3% above the national average.
- Systems were in place to ensure that clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were carried out and led to improved standards of care.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Appraisals were carried out on a regular basis; they included personal development plans.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice similar to others for most aspects of care.
- Patients told us that they were treated with kindness, dignity and respect and that clinicians listened to them and involved them in decisions about their care and treatment.
- Patient information about the services provided by the practice was easy to understand and accessible.
- We noticed that staff treated patients with consideration and respect, and maintained patient and information confidentiality.
- We observed a patient-centred culture.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it reasonably easy to make an appointment with a named GP. Appointments could be booked online and urgent appointments were available the same day.
- Patients appreciated the continuity of care provided by clinical staff.
- The practice was located in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

Requires improvement

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

Summary of findings

- The systems in place to enable the provider to be able to assess and monitor the quality of service and identify, assess and mitigate risk were not always effective and did not provide effective oversight and governance. Our inspection highlighted a number of risks to patients which had not been identified by the provider and therefore no action had been taken to minimise these.
- The practice had a number of policies and procedures to govern activity, some of which were overdue for review.
- The practice aimed to deliver high quality care and promote the best possible outcomes for patients. Staff understood the values of the practice and worked to provide services which reflected these values. There was a leadership structure and staff said that they felt supported by the GPs and management team.
- 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 reporting notifiable safety incidents.
- The practice welcomed feedback from staff and patients, which it acted on. There was a Patient Participation Group (PPG), but this was not active at the time of our inspection.
- Staff received inductions and had regular appraisals at which objectives were agreed.
- Continuous learning and improvement were encouraged at all levels.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality and Outcome Framework (QOF) data for 2014/15 showed that 92% of patients with diabetes had received a foot examination and risk classification for monitoring their conditions, which was 2% above the CCG average and 4% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice maintained a register for patients who required palliative care. Home visits and same day appointments were offered to these patients, who often had multiple conditions.

Summary of findings

- Regular multi-disciplinary meetings were held during which treatment for patients on the palliative care register was discussed.
- Very detailed care plans were completed for these patients, who were given a copy to keep at home.
- Members of the team had undertaken additional training in long term care. For example, two practice nurses had studied for a Diabetic Diploma.
- The nursing team provided lifestyle support (smoking cessation, weight loss) and the NHS Health Checks.
- Comprehensive information about a range of long term conditions was available on the practice website. This included links to support organisations.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We were told that staff made young people feel safe and supported.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

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

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- Online booking enabled patients to book routine GP appointments at a time to suit them.
- Repeat prescriptions could be requested online at any time, which was more convenient for patients.
- Extended hours were provided on Saturday mornings, which gave flexibility to patients who could not attend during normal surgery hours. Patients could also book routine appointments up to three weeks in advance.
- Patients could sign up to receive text messages for appointment reminders and health care.
- NHS Health Checks were offered by the nursing team, who also gave advice on smoking cessation, weight loss and exercise.
- Flu clinics were held on a Saturday which provided an alternative option for those patients who could not attend during normal surgery hours.
- A range of contraceptive services was available at the practice (including coils and implants).

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- The practice liaised with patients with learning disabilities and their carers to arrange suitable times for annual reviews, which were done at the patients' homes if necessary.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 2% above the CCG average and slightly higher than the national average of 84%.
- Data from the QOF achievement for 2014/15 showed that 93% of patients with poor mental health had a care plan documented in the past 12 months, which was 9% above the CCG average and 5% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Patients experiencing poor mental health were given advice about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients could be referred to the Improving Access to Psychological Therapies (IAPT) programme counsellor who held a weekly clinic at the practice. The IAPT was an NHS initiative to provide better access to psychological therapies by increasing the provision of evidence based treatments for anxiety and depression.
- The practice had recently met with the Admiral Nurse, who would support patients with dementia and their families. The Admiral Nurse was funded by Dementia UK.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 January 2016. The results showed that the practice was performing in line with local and national averages. 303 survey forms were distributed and 120 were returned. This represented a 40% completion rate.

- 75% of patients found it easy to get through to this practice by phone compared to the local average of 74% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried which was slightly below the local average of 84% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards; seven were positive and two were negative.

The positive comments highlighted the friendly, caring staff and the negative ones criticised the difficulty in getting through on the phone to make an appointment and the attitude of some receptionists.

We spoke with seven patients during the inspection, including a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. All seven patients said that they thought that the overall service was efficient and pretty good, although they often had to wait a long time for their appointments. Comments on Friends and Family Test cards reflected the caring attitude of GPs and approachable, helpful manner of staff.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems to enable the provider to assess and monitor the quality of care being provided and to identify, assess and mitigate risks. For example, in relation to ensuring that chaperones are effectively trained and either have received a DBS check or that the risk of not having this is assessed.
- Ensure patients are protected against the risks of receiving unsafe care and treatment by identifying risk and doing all that is possible to mitigate this. For example, by ensuring that audit actions are completed, and by having effective systems to manage and take action in respect of medicines alerts and ensure medicines and medical consumables are within their expiry dates.

Action the service SHOULD take to improve

- Take action to establish a system for documenting the discussion of significant events in meetings, so that there is an audit trail which demonstrates learning and sharing of information with all staff.ensure that non-clinical staff
- Take action to ensure that non-clinical staff undertaking chaperone duties have a thorough understanding of the responsibilities associated with this role.
- Take action to review and update policies and procedures on a regular basis.
- Consider the availability of appropriate masks for use with the oxygen cylinder.

Dr Gallagher and Partners

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 practice nurse specialist advisor, and an Expert by Experience. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

Background to Dr Gallagher and Partners

Dr Gallagher and partners (also known locally as Westside Medical Centre) are registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Dr Gallagher and partners were providing medical care to approximately 10,988 patients.

Dr Gallagher and partners are situated in a purpose built building, which is shared with another GP practice, Bennfield Surgery. The practice occupies the ground floor and first floor of the building, which is close to Rugby town centre.

There is a patient car park at the rear of the building and a bus stop just outside on the main street. Pay and display public car parks are nearby.

The practice has five GP partners (two male and three female). The GPs are supported by a practice manager, three practice nurses, a Health Care Assistant and administrative and reception staff.

Dr Gallagher and partners are an approved training practice for doctors who wish to become GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer. There are two trainees currently assigned to the practice and two GP trainers.

The practice is open from 8.30am to 6pm on Mondays to Fridays. Extended hours are offered on Saturday mornings with a GP or a nurse. Urgent appointments are available via telephone triage from 8.30am to 10.15am on Mondays and days following bank holidays and from 8.30am to 9.15 on other weekday mornings. The practice answers phone calls between 6pm and 6.30pm. Patients are directed to the NHS 111 service from 6.30pm to 8.30am.

Home visits are available for patients who are housebound or too ill to attend the practice. Patients are able to register for online services to book routine appointments with a GP or to order repeat prescriptions.

Why we carried out this inspection

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

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Before our inspection of Dr Gallagher and partners, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information supplied by the practice prior to the inspection. Comment cards were sent to the practice for patients to complete with their views of the service provided by the practice.

We carried out an announced inspection on 26 May 2016. During our inspection we spoke with a selection of staff, including GPs, the practice manager, a nurse and reception manager and staff.

We also spoke with patients and with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us that they would inform the practice manager of any incidents. They knew that there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out an analysis of the significant events, but there was not a clear audit trail to show that learning and sharing of information had taken place across all relevant members of the team. We had corroborated verbal evidence that significant events were discussed with staff and appropriate action taken.

There was a system for receiving and circulating safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager emailed appropriate staff, but it was not clear who was responsible for ensuring that any necessary action was taken. We were provided with evidence after the inspection which showed that appropriate action had been taken as a result of patient safety alerts.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings whenever possible and always provided reports where necessary for other agencies. Staff showed that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to appropriate child and adult safeguarding levels. For example, the GPs were trained to level three in children's safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. Although non-clinical staff who acted as chaperones had received training, they were unable to tell us the correct procedure including where to stand during an examination . Non clinical staff undertaking this role had neither received a Disclosure and Barring Service (DBS) check nor been risk assessed to determine if this was needed. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Three comment cards referred specifically to the standard of cleanliness at the practice.
- One of the practice nurses was the designated infection control lead. There was an infection control protocol in place and staff had received training. An infection control audit was undertaken in May 2016, but there was no action plan to address issues found. For example, no eye protection was available and there were no apparent plans to rectify this. We noted that the practice held a mercury sphygmomanometer (blood pressure meter), but there was no mercury spillage kit. The practice informed us they had purchased a spillage kit following our inspection.
- Processes were in place for handling repeat prescriptions. The arrangements for managing high risk medicines were not robust. The partners told us these were reviewed at the local hospital but the evidence to demonstrate the practice were aware of the monitoring results and took account of these in their prescribing was not clear. Evidence was provided subsequently which showed that reviews and prescribing were appropriately carried out. The systems for checking emergency medicines were not effective and we identified medicines which were recorded as having

being checked which were out of date. The practice acted immediately to replace the out of date emergency medicines. No controlled drugs were held on the premises.

- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; there were systems in place to monitor their use and record serial numbers.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant (HCA) was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We found that the HCA had also signed a PGD, which was inappropriate for a person undertaking an HCA role.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (for clinical staff).

Monitoring risks to patients

Some risks to patients were assessed and managed.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice carried out regular fire drills. The last fire evacuation drill was carried out in July 2015. There was a fire risk assessment, but it was not dated. A fire safety audit was carried out in August 2013. Clinical equipment was checked in April 2016 to ensure that it was safe to use and in good working order.
- We were told that an electrical equipment check was scheduled for the week after the inspection and subsequently received evidence that the check had been carried out. The practice had risk assessments in place to monitor the safety of substances which may be hazardous to health. The risk assessment for Legionella was still in draft format; the test log was viewed. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that there were enough staff on duty. Staff told us that they covered for each other during periods of illness or annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system and panic button on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The emergency medicines in stock were sufficient to cover the range of services provided. Emergency medicines were available in the treatment room, which were accessible to staff.
- The practice had a defibrillator available on the premises and oxygen with an adult mask, which expired in December 2015. There was no children's mask. First aid kits and an accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, but it needed updating. The reception manager kept emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice used the monthly protected learning time meetings and regular training to keep all clinical staff up to date. Hard copies of NICE guidelines were available in all consultation rooms and GPs used mobile technology as well.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw that an audit had been carried out on the use of short course antibiotics for urinary tract infections as a result of new NICE guidelines. The audit had been repeated and the results were due to be presented at the next practice meeting.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF is a voluntary incentive scheme which is intended to improve the quality of general practice and reward good practice. Data from the most recently published results in 2014/15 showed that the practice achieved 98% of the total number of points available, which was 4% above the Clinical Commissioning Group (CCG) average and 3% above the national average. Overall exception reporting was 9%, which was 1% above the CCG average and on a par with the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Exception reporting for some indicators was high, for example, Chronic Kidney Disease and Secondary Prevention of Coronary Heart Disease, but this was due to low patient numbers.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the CCG and national averages. For example, the percentage of patients who had a foot examination and risk classification in the last 12 months was 92%, which was 2% above the CCG average and 5% above the national average.
- Performance for mental health related indicators was above the CCG and national averages. For example, the percentage of patients with poor mental health who had a care plan documented in the last 12 months was 93%, which was 7% above the CCG average and 5% above the national average.

There was evidence of quality improvement including clinical audit.

- We were shown three clinical audits which had been undertaken in the last year, two of which were completed audits. The audit on the prescribing of short term antibiotics for urinary tract infections showed that improvements had been made as a result of the findings. We saw evidence that there was an increase from 60% to 84% for three to five day prescribing and a reduction from 31% to 15% for seven day prescribing over the same three month period a year later.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had received training appropriate to their role so that they had the skills, knowledge and experience to deliver effective care and treatment.

- All newly appointed staff had an induction programme. This included training on topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were encouraged to use e-learning training modules and attend protected learning time meetings, so that they were up to date with current guidance.
- Clinical staff who administered vaccines and took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff told us that they stayed up to date with changes to the immunisation programmes through access to on line resources and discussion at practice meetings.
- Staff learning needs were identified through appraisals, meetings and reviews of practice needs. Staff had access to appropriate training to meet their learning

Good

Are services effective?

(for example, treatment is effective)

needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.

Coordinating patient care and information sharing

The practice's clinical computer system and intranet system gave staff access to the information which they needed to plan and deliver care and treatment in a timely manner.

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

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

Consent to care and treatment

Clinical staff we spoke with showed that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. Staff had access to a policy on the MCA.

Clinical staff were clear about the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. Gillick competence was used to decide whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

The practice had a policy for obtaining written consent for minor surgery and we saw that written consent forms were appropriately completed and filed in patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG and national averages of 81% and 82% respectively. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for breast and bowel cancer screening within six months of invitation was 61% and 55% respectively, which was in line with CCG and national averages. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 94% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The NHS health check programme was introduced to help identify patients who might be at risk of developing diseases such as diabetes, stroke and heart and kidney disease in the next 10 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Seven out of nine of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and praised the caring, friendly attitude of staff. Comments on the Friends and Family Test cards aligned with these views.

We spoke with one member of the Patient Participation Group (PPG) on the phone on the day of the inspection. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and quality of care. We were told that the level of care provided by the practice was satisfactory and that patients' dignity and privacy was respected.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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 that 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 from the comment cards we received was also positive and aligned with these views. We also saw that comprehensive care plans were drawn up for patients.

Results from the National GP Patient Survey published in January 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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 that this service was available. Some patient information leaflets were available in Polish, for example, immunisation for babies up to 13 and 15 months old.
- Information leaflets were available in easy read format.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which informed patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. The new patient questionnaire included a question about whether a patient was a carer or had a carer. The practice worked with the local carers' support group and one of the practice nurses reviewed care plans on a quarterly basis. Written information was available to direct carers to the various avenues of support available to them.

We were told that if families had suffered bereavement, their usual GP would send them a letter and that they would be offered an appointment and advice on how to access a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, an Improving Access to Psychological Therapies (IAPT) counsellor held weekly clinics at the surgery. The IAPT programme is an NHS initiative to provide better access to psychological therapies by increasing the provision of evidence based treatments for anxiety and depression.

- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with urgent problems which could not wait until the next day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice participated in the local Alliance scheme, which supported a GP to triage patients in the A&E department of the local hospital from 10am to 8pm from Tuesdays to Saturdays.
- There were disabled facilities, a hearing loop and translation services available. However the hearing loop was out of action on the day of the inspection, because it needed servicing (a test was scheduled for the following week).

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available between these times. Urgent appointments were available via a triage service, which was provided on Mondays and the day after a public holiday from 8.30am to 10.15am and from 8.30am to 9.15am on other weekday mornings. Extended hours appointments (pre-bookable only) were offered on Saturday mornings with a GP or a nurse between 8.15am and 11am. Routine appointments could be booked up to three weeks in advance.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was variable when comparable to local and national averages. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice now provided extended hours and a triage service, so it was hoped that this would lead to improved satisfaction with opening hours.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, two Care Quality Commission comment cards mentioned difficulties experienced in making appointments. Patients who wanted a home visit were advised to ring the practice before mid-day if possible. All requests for home visits were assessed by the duty GP. Staff would message the duty GP if a request for a home visit was received after mid-day.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns, which was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the lead for complaints in the practice. Information about how to complain was readily available on the patient noticeboard in reception, in the practice leaflet and on the practice website.

We looked at 15 complaints received since August 2015 and found that they were actioned in a timely and appropriate manner. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a new phone system had been installed in March 2016, which had a function to record conversations.

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 partners and management team described the patient-centred ethos of the practice. Staff we spoke with confirmed that they worked to deliver a standard of service that reflected this ethos.

The practice had recognised that more appointments needed to be provided. A triage system had been introduced and we saw that the recruitment process for an Advanced Nurse Practitioner was underway at the time of our visit.

Governance arrangements

The practice had worked hard to improve staff morale after a difficult period in which key members of staff left the practice and it was accepted that there was more progress to be made in the area of governance arrangements. The systems in place to enable good governance and oversight were not effective and did not enable the provider to identify, assess and mitigate risk. For example:

- There was no system to show assurance that action had been taken with relevant MHRA alerts, or for assessing the risks of staff acting as chaperones without a DBS check.
- A comprehensive suite of policies and procedures was available to staff on the practice's clinical computer system, but some were overdue for review, for example, the business continuity plan.
- A clear staffing structure had been put in place and staff were aware of their roles and responsibilities.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

We were told that the provision of high quality and compassionate care was a priority for all staff. Staff said that the GP partners and management team were approachable and always took the time to listen to them. Staff told us that the GP partners and management team valued their contribution to the standard of service delivery.

The provider was aware of and had systems in place to ensure compliance with the requirements of the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment patients were offered an apology and the sequence of events was explained.

There was a leadership structure in place and staff felt supported by management. There were weekly meetings, but these were only attended by lead members of the practice team. Protected Learning Time meetings, arranged and sponsored by the local Clinical Commissioning Group, were held once a month; all staff were encouraged to attend.

The management team put on social events which were appreciated by staff as they provided an opportunity for team building outside work.

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

The practice received feedback from surveys and complaints, which it acted on. For example, a new phone system was installed in March 2016, as a direct result of patient complaints.

Staff were encouraged to make suggestions for improvement. For example, the practice had staggered appointments to improve availability as a result of a suggestion by a member of staff.

Continuous improvement

The practice was part of the National Institute for Health Research primary care clinical research network and participated in research studies for gout and cancer. The practice was also undertaking a study which involved patients monitoring their blood pressure at home. This was far more convenient for the patients, because the GP could review the results remotely instead of the patient having to attend the practice to have their blood pressure monitored.

The practice worked to improve services to patients. For example, in recognition of the fact that more appointments needed to be provided, a triage system had been introduced and we saw that the recruitment process for an Advanced Nurse Practitioner was underway at the time of our visit.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Although the provider did have systems in place to assess, monitor and manage emergency medicines and equipment and rectify issues identified in infection control audits, the systems were not always followed by staff. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered provider had not always assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and other who may be at risk. Non clinical staff carrying out chaperoning did not have a Disclosure and Barring Service check in place and the provider had not carried out a risk assessment to determine whether this was necessary. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.