Dr Perkins & Partners

Quality Report

Veor Surgery
South Terrace
Camborne
Cornwall
TR14 8SN
Tel: 01209 611199
Website: www.veorsurgery.co.uk

Date of inspection visit: 10 February 2015
Date of publication: 02/07/2015

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	Good
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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Veor Surgery on 10 February 2015. Overall the practice is rated as good.

We found the practice to be good for providing responsive and effective and well led services. It was also good for providing services for older people, people with long term conditions, families, children and young people, working age people including those recently retired and students, people who were vulnerable and those experiencing poor mental health and those with dementia. However we found the service to require improvement in the safety domain.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded; however, there was no evidence of learning and communication with staff.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must take

- The provider must ensure that staff employed at the practice have the required employment checks.

And the provider should

- Ensure all staff receive up to date appraisals.
- The provider should ensure that when medical alerts were circulated to staff there were auditing systems in place to ensure that any actions had been taken.

Ensure training records on the computerised system are up to date.

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 requires improvement for safe. Staff were aware of their responsibilities for reporting incidents, near misses and concerns. However, when things went wrong reviews were undertaken but lessons learnt were not communicated in order to improve safety. Risks to patients were assessed and well managed. Medicines were stored, managed and dispensed in line with national guidance. There were safeguards in place to identify children and adults in vulnerable circumstances. There was enough staff to keep people safe. Recruitment procedures and checks prior to employment were not completed as required to ensure that staff were suitable, competent and had the skills and experience. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

The practice is rated as good for providing effective services. Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run. The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice. Staff employed at the practice had received appropriate support, training, although staff appraisals were not up to date. GP appraisals and revalidation of professional qualifications had been completed. The practice had extensive health promotion material available within the practice and on the practice website

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.

Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed and understood the needs of their local population. The practice identified and took action to make

Summary of findings

improvements. Patients reported that they could access the practice when they needed. Patients reported that their care was good. The practice was well equipped to treat patients and meet their needs. The practice offered home visits to patients who required them.

There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way to issues raised.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver quality care and treatment and they were looking for ways to improve. Staff reported an open culture and said they could communicate with senior staff. The practice had a number of policies and procedures to govern activity and governance meetings took place. There were systems in place to monitor and improve quality and identify and act upon risks. There were systems to manage the safety and maintenance of the premises and to review the quality of patient care.

The practice had an active patient participation group (PPG) which was involved in the core decision making processes of the practice.

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

Good

The practice is rated as good for providing care to older people. All patients over 75 years had a named GP. Health checks and promotion were offered to this group of patients. There were safeguards in place to identify adults in vulnerable circumstances. The practice worked well with external professionals in delivering care to older patients, including end of life care. Pneumococcal and shingles vaccinations were provided at the practice for older people on set days as well as during routine appointments. Staff recognised that some patients required additional help when being referred to other agencies and assisted them with this.

People with long term conditions

Good

The practice is rated as good for providing care to people with long term conditions. The practice managed the care and treatment for patients with long term conditions in line with current practice and national guidance. Health promotion and health checks were offered in line with national guidelines for specific conditions such as diabetes and asthma. Longer appointments were available for patients if required, such as those with long term conditions.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Staff worked well with the midwife and health visitor, who were based away from the practice, to provide prenatal and postnatal care. The practice achievement for baby and child immunisations matched the regional average. The GPs and practice staff had received training in safeguarding children from abuse.

Information relevant to young patients was displayed and health checks and advice on sexual health were provided. Chlamydia screening kits were available for young patients to take away with them.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing care to working age people. The practice provided appointments on the same day. If these appointments were not available then a telephone consultation with a GP was offered and extended practice hours would accommodate the patient if they needed to be seen. Patients

Summary of findings

could book appointments up to four weeks in advance and repeat medications on line. The practice invited all patients aged between 40 years to 75 years to arrange to have a health check with a nurse if they wanted. A cervical screening service was available.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for people whose circumstances may make them vulnerable. The practice had a vulnerable patient register to identify these patients. Vulnerable patients were reviewed at team meetings. Referral to a counselling service was available. The practice did not provide primary care services for patients who are homeless as none are known, however, staff said they would not turn away a patient if they needed primary care and could not access it. Staff knew how to access these services for patients with interpretations requirements. Patients with learning disabilities were offered a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate. Reception staff were able to identify vulnerable patients and offer longer appointment times where needed and send letters as a prompt for appointments.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including people with dementia). Patients with mental health care needs were registered at the practice. Some patients with mental health needs had regular appointments with the practice nurse to help them manage their medicines. There was signposting and information available to patients, for example a counselling service.

The practice referred patients who needed mental health services to the local mental health team. The practice had recognised the need for patients who experience poor mental health to see a GP urgently and had changed its appointment system to allow for same day appointments.

Summary of findings

What people who use the service say

We looked at patient experience feedback from the national GP survey from 2013/2014. The patient's survey showed 92% of the 110 patients that responded found that GPs gave them the time they needed. 93% said that GPs were good at explaining treatment and tests to them. 95% of patients said that the nursing staff were very helpful and explained their treatment well and 84% of the patients found the reception staff helpful. However 37% of patients responded that contacting the practice by telephone was difficult.

We spoke with two patients during the inspection and collected 32 completed comment cards which had been left in the reception area for patients to fill in before we visited. Of the comment cards, 20 gave positive feedback. The remaining 12 stated that they found making an appointment with a GP difficult as they could not get through on the telephone. Patients told us the staff were friendly, they were treated with respect, their care was very good, and they were always able to get an appointment. The comment cards also told us how they felt listened to by the staff and how supportive staff were.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions from the practice.

The practice had an active patient participation group (PPG). We met with a member of this group who told us how they are working with the practice to maintain and improve services for patients.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that staff employed at the practice have the required employment checks.

Action the service SHOULD take to improve

- Ensure all staff receives up to date appraisals.
- Ensure training records on the computerised system are up to date.
- The provider should ensure that when medical alerts were circulated to staff there were auditing systems in place to ensure that actions had been taken.

Dr Perkins & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a CQC inspector, a GP specialist advisor, and a practice manager specialist advisor.

Background to Dr Perkins & Partners

Perkins and Partners also known as the Veor Surgery provides primary medical services to people living in Camborne and the surrounding areas. This was a comprehensive inspection.

At the time of our inspection there were approximately 8,500 patients registered at the service. The practice had a team of 3 male GP partners. The partners held managerial and financial responsibility for running the business. There were two nurses and two healthcare assistants at the practice. In addition there was a practice manager, and additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, health visitors, physiotherapists, mental health counsellors and midwives.

Appointments were available from 8:30 am to 1pm and then from 2pm until 6:30pm in the afternoon. Appointments with the GP were available until 8pm on Monday, Tuesday and Wednesday to accommodate patients that had difficulty accessing the practice during the day.

Routine appointments are available daily and are bookable up to four weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place. Patients could obtain these appointments either by telephoning the practice or on line using the practice website.

Outside of these hours patients dial the practice telephone number and obtain instruction on how to contact the GP on call for emergencies. Advice can also be obtained by another health care provider by patients dialling the national 111 service.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the practice, we reviewed a range of information we held about the service and asked other organisations, such as the local clinical commissioning group, local Health watch and NHS England to share what they knew about the practice. We carried out an announced visit on10 February 2015.

During our visit we spoke with three GPs, a locum GP, the practice manager, two registered nurses, a healthcare assistant, administrative and reception staff. We also spoke with two patients who used the practice. We observed how

Detailed findings

patients were being cared for and reviewed comments cards where patients shared their views about the practice, and their experiences. We also looked at documents such as policies and meeting minutes as evidence to support what staff and patients told us.

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)

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term. However, medical alerts were circulated internally to staff but it was unclear whether the necessary actions were taken and completed as there was no evidence that actions were audited in terms of safety.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during 2014 and we were able to review these. Significant events were a standing item on the practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We were shown the system used to manage and monitor incidents. We tracked four incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example a patient had been given a second vaccine in error, this had prompted the practice to re visit how staff recorded treatments given. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as a lead in safeguarding vulnerable adults and children. They were in the process of being trained to level three and could demonstrate they had the necessary knowledge to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone.

Medicines management

The GPs were responsible for prescribing medicines at the practice. There was a nurse prescriber employed. The control of repeat prescriptions was managed well. If a medication review was due a reminder was entered on the computer system for the GP to review the patient's clinical records and to prompt them to take appropriate action. Patients told us they were notified of health checks needed before medicines were issued.

Patients were not issued any medicines until the prescription had been authorised by a GP, the GPs signed prescriptions twice a day. Patients were satisfied with the repeat prescription processes. Patients explained they could use the prescription drop-off box at the practice, or

use the on-line request facility for repeat prescriptions. Patients could also request that their prescriptions were sent to the chemist of their choice this resulted in them not having to make an unnecessary trip to the practice.

Safe management of medicines were in place. The practice nurse was responsible for the management of medicines within the practice and there were up-to-date medicines management policies. Staff were able to show us where medicines were stored and explain their responsibilities. Medicines were kept securely in a locked cupboard. Controlled drugs were stored in the locked cupboard. Expiry date checks were undertaken regularly and recorded.

For security purposes prescription pads were not stored in the GP consulting rooms, GPs could print a named prescription from their computer system if a hand written item was required.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. We saw up to date evidence that nurses had received appropriate training to administer vaccines. Fridge temperatures were also checked daily to ensure medicines were stored at the correct temperatures.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out audits for the practice.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

Records we looked at did not contain evidence that appropriate recruitment checks had been undertaken prior to employment. For example, files did not contain proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). No DBS checks had been carried out by the practice on existing staff. We asked whether any risk assessments had been carried out with respect to employing a person in a position of trust without a DBS check, no such risk assessment had been carried out. Verbal references had been taken but not recorded in staff records. One staff file only contained a job offer letter.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The staff worked part time hours and there was an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual/sick leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always

Requires improvement

Are services safe?

enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice; these were supplied by an outside provider. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We were told that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, and anaphylaxis. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training. We were told that fire alarms were tested monthly but there were no records kept.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were examples where care and treatment followed national current practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Clinical Excellence (NICE) guidance and discussion around latest guidance was included in the staff meetings. Guidance from national travel vaccine websites had been followed by practice nurses.

The GPs and practice nurses told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and said they received support and advice from each other. Patients with specific conditions were reviewed to ensure they were receiving appropriate treatment and regular review. For example, blood pressure monitoring.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF). This enables GP practices to monitor their performance across a range of indicators including how they manage medical conditions.

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, adult and child protection alerts management and medicines management.

The GPs told us clinical audits were often linked to medicines management information, for example, we saw an audit regarding the prescribing and monitoring of drugs used for thinning the blood to ensure that the correct dosage and testing was being given to the patients and that patients were on the correct dosage. The GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The nurses told us that clinical audits were carried out, for example, auditing the number of patients who following having a smear test resulted in inadequate results. The audit allowed for any areas of training need to be identified and followed up.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question, and where they continued to prescribe it they had outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of current treatment for each patient's needs.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice was not up to date with staff appraisals and they had not undertaken annual appraisals this year that identified learning needs within their practice.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, administration of vaccines. Those with extended roles, for example seeing patients with long term conditions such as diabetes, were also able to demonstrate that they had appropriate training to fulfil this role. There was currently no nurse trained to care for patients with chronic obstructive pulmonary disease, and these patients were seen by the GP, however, one nurse was about to undertake the training.

Good

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospitals including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. All the GPs who saw these documents and results were responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses and palliative care nurses. Decisions about care planning were documented in a shared care record. Staff felt this system worked well.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff had accessed MCA training available on the eLearning system used.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Health promotion and prevention

There was information on various health conditions and self-care available in the reception area of the practice. The practice website contained information on health advice and other services which could assist patients. The website also provided information on self-care. The practice offered new patients a health check with a GP if a patient was on specific medicines or had long term conditions when they joined the practice.

The practice offered patients who were eligible, a yearly flu vaccination. This included older patients, those with a long term medical condition, pregnant women, babies and young children. For patients over the age of 78 years a vaccination against shingles was also available. Patients with long term medical conditions were offered yearly health reviews.

A travel health advice and vaccination consultation service was available. This included a full risk assessment based on the area of travel and used the 'Fit for travel' website. Vaccinations were given where appropriate or patients were referred on to private travel clinics for further information and support if needed.

Good

Are services effective?

(for example, treatment is effective)

There was information on how patients could access external services for sexual health advice. Younger patients could request testing for Chlamydia and this was advertised on the patient website.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included a national survey performed in 2013/2014. Evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the patient survey showed the practice was rated high for all outcomes including consideration, reassurance, and confidence in ability and respect.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 32 completed cards and although 12 cards expressed the difficulty of accessing the practice by telephone, they gave positive feedback on the service provided. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity. We also spoke with two patients on the day of our inspection. Both told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Dignity curtains were provided in treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located in a separate room from the reception desk which helped keep patient information private.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 patents this service was available. A hearing loop was available for patients that were hard of hearing and the practice offered information leaflets in large print if these were required.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection and the comment cards we received were complimentary about the support they received. A patient told us that the staff had excelled in their care provision during a recent diagnosis of dementia.

Posters and leaflets were available in the waiting areas of the practice to signpost patients to a number of support groups and organisations in the area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We reviewed the most recent data available for the practice on patient satisfaction. This included a national survey performed in 2014. The evidence from these sources showed 82% of patients were able to get an appointment or speak to a GP with 91% of patients stating that their last appointment was at a time that was convenient to them.

GPs had their own patient lists for patients over 75 years of age. All patients who needed to be seen urgently were offered same-day appointments. Longer appointments were available for patients if required, such as those with long term conditions. Telephone consultations enabled patients who may not need to see a GP the ability to speak with one over the phone. This was a benefit to patients who worked full time or could not attend the practice due to limited mobility.

The practice offered home visits to patients who required them. This provided older patients, mothers with young children, carers or patients in vulnerable circumstances an opportunity to see a GP when they may have difficulty attending the practice.

The practice had patient registers for learning disability and palliative care. There were regular internal as well as multidisciplinary meetings to discuss patients' needs. The practice worked collaboratively with other care providers such as local care homes and community nurses.

The practice provided accommodation for external services within the practice, such as mental health services, drug and alcohol counselling services. The practice worked well with the midwife and health visitors who visited the practice. GP's provided six week postnatal checks for new mothers.

There was an online repeat prescription service for patients. This enabled patients who worked full time to access their prescriptions easily. Patients could also drop in repeat prescription forms to the practice to get their medicines. Patients told us the repeat prescription service worked well at the practice.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff said no patient would be turned away. For patients with a first language other than English the practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The patient participation group (PPG) were working to recruit patients from different backgrounds to reflect the diversity of the practice.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

We saw no evidence of discrimination when making care and treatment decisions.

Access to the service

Appointments were available from 8:30 am to 1pm and then from 2pm until 6:30pm in the afternoon. Appointments with the GP were available until 8pm on Monday, Tuesday and Wednesday to accommodate patients that had difficulty accessing the practice during the day.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information about the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes by a regular GP for those patients who needed one.

Of the 32 comment cards that we received 12 stated that they found getting through to the practice to make an appointment difficult. The 2014 patient survey supported this view with 128 responses out of 225 stating it was not very easy to get through on the telephone. They did however confirm that they could see or speak to a GP on

Good

Are services responsive to people's needs?

(for example, to feedback?)

the same day if in need of urgent treatment. The practice had implemented on line access for patients to book appointments as well as allowing appointments to be booked up to four weeks in advance to help alleviate this problem.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice. The practice manager was the designated person at this practice.

The system for raising complaints was advertised in the reception area. Patients were invited to make complaints either verbally to the practice manager or by completing a form. We saw written complaints were acknowledged and responded to in a timely way. We saw from meeting minutes that complaints were discussed periodically to identify long term concerns or trends.

Are services well-led?

Good

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

Our findings

Vision and strategy

Staff were able to describe the vision, values, strategic and operational aims of the practice. Staff said one of the main strengths of the practice was the morale and team atmosphere. There were clear lines of accountability and areas of responsibility. Staff knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at these policies and procedures and saw that they had been reviewed and updated, however

The practice had arrangements for identifying, recording and managing risks. However, there was no evidence that any actions were audited to ensure that all staff were following guidance.

However, medical alerts were circulated internally to staff but it was unclear whether the necessary actions were taken as there was no evidence that actions were audited, for example, no “closure of the loop” in terms of safety.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with three members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Leadership, openness and transparency

The GPs and the practice manager met weekly to discuss practice matters, whole team meetings were not held regularly, communication to staff was through e mail. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues as and when. Staff told us they felt there was an open culture at the practice. Staff were clear on their responsibilities and roles within the staff teams.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, (for example disciplinary procedures, induction policy, and management of sickness) which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

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

We met a representative from the PPG who explained that there was a formal PPG which had a core membership of 15 members and met every three months. Their meetings were attended by a GP and the practice manager. The PPG were constantly looking for different ways to increase its numbers. The PPG had been involved in assisting the practice in compiling the practice survey and analysing the results. The PPG member we spoke with was complimentary about the way the practice staff involved them in the running of the practice. They told us they felt that as a group their opinions were valued and they had a real role to play in moving the practice forward.

Staff told us they felt engaged with practice issues. They told us they could suggest ideas for improvement or concerns at their staff meetings. Staff told us that important information was reported back promptly. All of the staff we spoke with were satisfied with their involvement at the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us that the practice was very supportive of training. Regular staff appraisals had not taken place at the practice.

The practice had undertaken reviews of significant events and other incidents and shared with staff although there was no evidence to support that these reviews had been shared with all staff and acted upon.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The practice had not carried out the required checks on staff prior to employment.** **This was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2010** **21. The registered person must-** **(a)operate effective recruitment procedures to ensure that no person is employed for the purposes of carrying out the regulated activity unless that person -** **(b) ensure the information specified in Schedule 3 is available in respect of a person employed for the purpose of carrying out the regulated activity which corresponds to Regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulation Activities) 2014.**