

Wombwell Medical Centre Practice

Quality Report

George Street
Wombwell
Barnsley
S73 0DD

Tel: 01226 752470

Website: www.wombwellmedicalcentre.nhs.uk

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

Ratings

| Overall rating for this service | | Good |  |
|--|--|------|---|
| Are services safe? | | Good |  |
| 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

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 6 |
| What people who use the service say | 8 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 9 |
| Background to Wombwell Medical Centre Practice | 9 |
| Why we carried out this inspection | 9 |
| How we carried out this inspection | 9 |
| Detailed findings | 11 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a follow up inspection on 10 November 2015 at Wombwell Medical Centre Practice as a result of the practice currently being in special measures due to non-compliance with the Health & Social Care Act 2008 (Regulated Activities) Regulation 2010 and the Regulations 2014 following our previous inspection in December 2014.

During this inspection in November 2015, we found the practice had made significant improvements since our last inspection in December 2014 and that they were meeting all of the three requirement notices and three warning notices which had previously been issued. The ratings for the practice have been updated to reflect our findings. The practice is rated as good for providing caring, safe, responsive, effective and well led care.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

I confirm that this practice has improved sufficiently to be rated 'Good' overall. The practice will be removed from special measures.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice had reviewed its systems for reporting incidents and significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Quality and Outcomes Framework data showed patient outcomes were improving. The practice had reviewed the way it reviewed patients with long term conditions. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received recent training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice slightly lower than others for some aspects of care. However, the patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. The practice had reviewed its vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had introduced a number of new policies and procedures and reviewed existing ones to govern activity. Quarterly governance meetings were held. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. All new staff to the practice had received inductions. All staff now received regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were comparable to other practices in the area for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, for those living with dementia. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. Nursing staff had lead roles in long term condition management. Patients who had multiple conditions received a complete and thorough review in one longer appointment. This negated the need for several appointments. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 accident and emergency 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, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

The practice regularly worked with multidisciplinary teams in the case management of those whose circumstances may make them vulnerable. Patients were given information how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including those living with dementia). During our last visit in December 2014, only 8% of people experiencing poor mental health had a care plan in place. This had improved to 85% of care plans in place on this visit. The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. Staff carried out advanced care planning for patients living with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages for the following. There were 124 responses which represents a response rate to the survey of 36.7%. This represents 1% of the practice population.

- 67% find it easy to get through to this surgery by phone compared with a CCG average of 67% and a national average of 74%.
- 32% feel they have to wait too long to be seen compared with a CCG average of 32% and a national average of 34%.

The following responses were below average:

- 50% usually wait 15 minutes or more after their appointment time to be seen compared with a CCG average of 23% and a national average of 27%.
- 76% find the receptionists at this surgery helpful compared with a CCG and a national average of 87%
- 74% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

- 83% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 61% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

The practice had reviewed access to appointments as part of their improvement plan.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 completed comment cards which were all positive about the standard of care received. We also spoke with two patient participation group members and seven patients on the day of the inspection. They were all very positive about their experience of the service. Patients told us on the comment cards and in discussions that staff were helpful, polite and very caring. They said they were treated with dignity and respect. They also said they found the practice to be clean and tidy. Patients we spoke with reported they sometimes had to wait in the practice after their appointment time to be seen. They said they did not mind waiting as the GPs took time to explain things to them.

Wombwell Medical Centre Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a practice manager specialist advisor and a GP specialist advisor.

Background to Wombwell Medical Centre Practice

Wombwell Medical Centre Practice is located in Wombwell on the outskirts of Barnsley. The practice provides services for 9,678 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fourth most deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Barnsley Clinical Commissioning Group (CCG).

There are three GP partners, two male and a female, and two salaried GPs, a male and female. They are supported by an advanced nurse practitioner, three practice nurses, two healthcare assistants, a practice manager and a team of administration staff. The reception is open from 8am to 6.30pm each week day. Early morning appointments with the GP are available from 7am on Monday, Tuesday and Thursday mornings and Monday evening until 8.30pm. A range of specialist clinics are also provided at the practice including; child health, midwifery and long term condition management. Out of hours care can be accessed via the surgery telephone number or by calling the NHS 111 service.

We previously inspected Wombwell Medical Centre Practice on 16 December 2014 and it was rated overall as inadequate. On the basis of that inspection and the ratings given to the practice, they were placed into special measures. This was for a period of six months during which time the registered provider was expected to make improvements to meet the required regulations and fundamental standards.

Special measures are designed to ensure a timely and co-ordinated response to practices found to be providing inadequate care that gives them support from NHS England and the Clinical Commissioning Group. Practices can choose to get further peer advice and support from the Royal College of General Practitioners (RCGP). Being placed into special measures represents a decision made by CQC that a practice has to improve within six months to avoid having its registration cancelled.

The practice is registered to provide; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury at Wombwell Medical Centre Practice, George Street, Wombwell, Barnsley, South Yorkshire, S73 0DD.

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 following six months in special measures. This inspection was planned to follow up whether the registered provider is meeting the legal

Detailed findings

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

Please note 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.

We undertook a comprehensive inspection of Wombwell Medical Centre Practice Surgery on 9 December 2014. The practice was rated as inadequate overall and for the safe and well led domains. It required improvement in the effective and responsive domains and was good for caring. In addition, all five population groups were rated as inadequate. Due to the overall inadequate rating, the practice was placed in special measures.

The practice was found to be in breach of five regulations of the Health and Care Social Act 2008 Regulations 2014. Requirement notices were set for the regulations relating to good governance, safeguarding service users from abuse and improper treatment, safe care and treatment, receiving and acting on complaints and fit and proper persons employed.

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked Barnsley CCG and NHS England to share what they knew. We also reviewed the action report the provider submitted in May 2015 to address the warning notices and requirement notices set.

We carried out an announced visit on 10 November 2015. During our visit we spoke with two GPs, the advanced nurse practitioner, the practice manager and four members of the administration team. We also spoke with nine patients who used the service and reviewed 23 comment cards. We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Are services safe?

Our findings

Safe track record

When we inspected the practice in December 2014, safety concerns were not consistently identified or addressed. The practice did not have an effective system for reporting and recording significant events. There were no documented procedures or examples to show how learning from complaints, significant events or safety alerts were shared within the staff team to support improvement.

During this inspection, we were shown an effective system the practice had introduced for reporting and recording significant events. The significant event policy had been introduced in June 2015 and all staff had signed to say they had read and received a copy. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We saw documented evidence in the significant event records that a thorough analysis of the events was performed and actions identified completed.

We reviewed safety records and incident reports from the last six months. We found these had been appropriately dealt with and actioned. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we were told how the repeat prescription procedure was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. Minutes of the monthly staff meeting documented that the change in procedure had been shared with staff. The meeting minutes were emailed to all staff following the meeting and stored on the practice computer system which was accessible to all.

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

Overview of safety systems and processes

During our previous inspection of the practice in December 2014 we found there was insufficient attention to safeguarding children and adults. The practice did not have effective systems to manage and review risks to those patients whose circumstances may make them vulnerable.

We were shown during this inspection how the practice had reviewed its systems, processes and practices in place to keep people safe and safeguarded from abuse. They had reviewed the adult and the children safeguarding policy in June 2015. Arrangements were in place to safeguard children and adults from abuse which reflected relevant legislation and local requirements and new 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 GP attended safeguarding meetings, when possible, and told us they would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All the GPs, clinical staff and the practice manager had undertaken safeguarding training to level three.

We were shown the system to highlight those patients whose circumstances may make them vulnerable on the practice's electronic records. This included information to make staff aware of any relevant issues when patients contacted the practice or attended appointments. The practice now held monthly meetings with the health visitors, community matrons and social care teams to discuss safeguarding concerns.

Notices outside each treatment and consultation room advised patients staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults whose circumstances may make them vulnerable).

During our last visit to the practice systems, processes and practices to manage medicines were not always reliable or appropriate to keep people safe. Monitoring whether systems were implemented was ineffective. There were some concerns about the consistency of understanding of medicines management procedures and the number of staff who were aware of them. We were also told one of the GPs carried a supply of a schedule 2 controlled drugs (diamorphine) in their bag for home visits. There were no

Are services safe?

systems or protocols to check that controlled drugs were used appropriately, stored securely, access to them was restricted or there were arrangements in place for their destruction.

During this inspection we checked medicines stored in the treatment rooms, GP bags for home visits and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The practice had reviewed their policy and procedure for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. This had also been adopted by South Yorkshire and Bassetlaw Public Health Team and shared with other practices in the area. Records showed room and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. The practice no longer held a stock of controlled drugs.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance, as these were tracked through the practice and kept securely at all times.

The practice had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They carried out regular audits of the prescribing of controlled drugs. Staff were aware of how to raise any concerns with the controlled drugs accountable officer in their area.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. A member of the nursing staff was qualified as an independent prescriber. They received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

During our last visit to the practice in December 2014 there was no system to check that the practice nurses had maintained their professional registration with the Nursing and Midwifery Council. They had not carried out adequate recruitment checks prior to the employment of staff. The practice manager had not received an adequate induction, been issued with a job description or given clear guidance as to the extent of their role and responsibilities.

During this inspection we were shown the recruitment policy which was updated in October 2015 and set out the standards followed when recruiting clinical and non-clinical staff. We reviewed four personnel files. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice manager told us since the last inspection they had received practice management support from the GP, the RCGP programme for practices in special measures and the CCG. They had regular appraisals and also attended the partner business meetings and networked with other practice managers in the area. The practice had compiled a Locum GP pack, which contained relevant information, for locum GPs who worked at the practice.

We were shown the system the practice had introduced to check practice nursing registration with the Nursing and Midwifery Council. We saw that all practice nurse registrations were in date.

Monitoring risks to patients

We previously found there were no systems to identify and respond to risks to patients, such as deteriorating health, well-being or medical emergencies. The practice did not maintain a risk log or records to show that risks were discussed at GP partners' meetings, other practice team meetings or were logged or managed.

During this inspection we found the practice had reviewed their systems to ensure risks to patients were addressed and managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office and staff room. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

Are services safe?

checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control (IPC) and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and cleaning schedules and records in place. The advanced nurse practitioner was the IPC clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. An IPC audit had been undertaken in June 2015. We observed the actions identified in the audit had been completed and documented in the action plan accordingly.

Guidance about hand hygiene techniques were displayed in the staff and patient toilets. Hand washing sinks with wall mounted soap and towel dispensers were available in treatment rooms.

Arrangements to deal with emergencies and major incidents

During our previous inspection in December 2014 the practice did not have arrangements in place to safely manage emergencies. We were told that staff had completed annual basic life support training; however, there were no training records available to confirm this.

Emergency medicines were available but not all staff knew of their location. The practice did not have a business continuity plan to deal with emergencies or major incidents.

During this inspection we observed the practice had reviewed the arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

A business continuity plan had been produced and implemented in June 2015 to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, 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. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

The practice had carried out a fire risk assessment in 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

During our last visit in December 2014 patients' needs were not always assessed and care and treatment was not consistently delivered, in line with current legislation, standards or evidence based guidance. There was no protocol in place for medicine reviews. There was no system to share information about new clinical guidelines produced by the National Institute for Health and Care Excellence (NICE).

During this inspection the GPs and practice nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the practice manager, GP and practice nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for

example, for the management of respiratory disorders. Our review of the clinical meeting minutes confirmed that this happened. The practice had reviewed the medicines management review process. A protocol was produced and all patients receiving regular medicines were invited to an annual review.

Management, monitoring and improving outcomes for people

When we visited the practice in December 2014 we saw little evidence audit was driving improvement in performance to improve patient outcomes. During this visit we were shown eight clinical audits completed in the last two years, five of these were completed audit cycles where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients with irregular heartbeats were prescribed the correct medicines as per NICE guidance.

During this inspection we were shown how the practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 75% of the total number of points available. This was 14% below the CCG average and 18% below the national average. The exception reporting rate was 7.3%. Data from 2014/15 showed:

- Performance for diabetes related indicators was 19% below the CCG and 24% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 14% below the CCG and 17% below the national average.
- Performance for mental health related indicators was 48% below the CCG average and 58% below the national average.

The adjusted dementia diagnosis rate was 2% below the national average.

We were told the QOF improvement plan was implemented in June 2015 and performance monitored weekly using reports within the patient record system. The practice reviewed how they offered long term conditions reviews. Patients who had multiple long term conditions received a complete and thorough review in one longer appointment.

Are services effective?

(for example, treatment is effective)

This negated the need for several appointments. We were told they were more pro-active in encouraging lifestyle changes by offering information and advice. The practice had increased or offered additional treatment or review where appropriate. For the current year 2015/16 it had already achieved 6% more reviews of patients with diabetes than in 2014/15. Blood pressure checks had increased by 18% and 85% of patients on the mental health register had an agreed care plan in place. During our last visit to the practice only 8% of people experiencing poor mental health had a care plan in place. This had improved to 85% of care plans in place on this visit. Of those living with dementia, 70% had received an annual review compared to 47% the previous year.

Effective staffing

During our previous visit the administrative staff we spoke with could not recall when they last had an appraisal. There were no training records or training and development plans for the administrative staff. Some practice nurses had received annual appraisals but were expected to identify their own training needs. It was unclear whether they were sufficiently supported and allowed time to attend relevant training sessions.

We were shown, during this inspection, a recently introduced induction programme for newly appointed non-clinical members of staff. We saw it covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The most recent member of staff to join the practice had completed this programme.

We observed the learning needs of staff were identified through a system of appraisals and meetings introduced in July 2015. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, and mentoring. All staff had had an appraisal within the last 12 months. Staff had recently received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in house training.

All GPs were up to date with their yearly continuing professional development requirements and all have either 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).

Coordinating patient care and information sharing

During the last visit in December 2014, the GPs and nurses told us they held separate clinical meetings. There were no arrangements to share the records of the meetings. The community matron visited the practice each week but there were no formal arrangements to meet with the rest of the primary healthcare team or palliative care staff.

During this inspection we were told how information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. They worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

The practice manager, GPs and practice nursing staff held a weekly practice meeting and the agenda included safety alerts, safeguarding issues, significant events, complaints and infection prevention and control. The minutes of the meeting were emailed to all staff following the meeting and stored on the computer system which all staff had access to.

Those patients who lived in nursing and residential accommodation had recently had their medication reviewed by a pharmacist from the CCG and the GP to ensure they were prescribed appropriate and effective medicines.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation and drug withdrawal treatment programmes. Patients were then signposted to the relevant service. Smoking cessation advice was available from practice staff and patients could book into sessions as required.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 97.5% to 98.8% and five year olds from 94% to 100%. Flu vaccination rates for the over 65s were 72%, and at risk groups 56%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey did not reflect what patients told us in the practice and on the comment cards. The practice was just below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 81% said the GP gave them enough time (CCG average 87%, national average 89%).
- 92% said they had confidence and trust in the last GP they saw (CCG and national average 95%)
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average and national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).

- 76% said they found the receptionists at the practice helpful (CCG and national average 87%)

The practice had identified the need for further customer care training for receptionists that was scheduled for December 2015.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. This did not reflect what patients told us. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 81%)

Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area in different languages informing patients this service was available. The practice also employed a polish speaking GP.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified those patients who were carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had experienced bereavement their usual GP contact them or sent them a sympathy card. This call may be followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Since our last inspection in December 2014 the practice had worked closely with the CCG and the RCGP to address the regulatory breaches.

They had also joined the local GP Federation to improve access to primary care in the area and shape future service developments for their patient population by being part of it. A Federation is a group of practices and primary care teams working together and sharing responsibilities to improve provision of primary care services to patients

More patients had been recruited to the patient participation group. Staff and the patient participation group members were promoting on line access to appointments and prescription requests. We were told over a quarter of the practice population had signed up for and were using online access to the practice. The practice had received a commendation from NHS England as they had one of the highest number of patients registered to use the online services. The practice also offered:

- The practice offered extended hours surgeries, which were available from 7am on Monday, Tuesday and Thursday mornings and Monday evening until 8.30pm, for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or those who requested them.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with a serious medical condition.
- There were disabled facilities, hearing loop and interpretation services available. We noted the patient record self-check in screen was not accessible to those in wheelchairs as it was high on the wall. The practice manager has told us since the inspection the screen has been lowered.
- The practice introduced a tele-dermatology service for patients with skin conditions who were referred to the hospital consultant. Pictures of the patient's skin

condition were taken at the practice and sent electronically, along with a summary of symptoms, to the hospital consultant who would then recommend the appropriate treatment. This negated the need for the patient to attend the hospital to be seen and treatment could be accessed via the GP.

Access to the service

The reception was open from 8am to 6.30pm each week day. Early morning appointments with the GP were available from 7am on Monday, Tuesday and Thursday mornings and Monday evening until 8.30pm. Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%.
- 61% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

The patient's we spoke with told us they did not have problems accessing appointments. The comments on the CQC comment cards also supported this.

The following responses were below average:

- 46% usually wait 15 minutes or more after their appointment time to be seen compared with a CCG average of 23% and a national average of 27%.
- 63% feel they have to wait too long to be seen compared with a CCG average of 32% and a national average of 34%.

Patients we spoke with reported they often had to wait in the practice after their appointment time as clinics did not run to time. They told us they did not mind waiting as the GP took time to explain things to them.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

During this inspection we were shown the new system introduced for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system in the practice leaflet and on a notice displayed in reception.

The practice kept a record of all complaints received. We looked at nine complaints received in the last 12 months. They were handled satisfactorily, dealt with in a timely way and demonstrated openness and transparency when dealing with the complainant.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Most patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw evidence staff at the practice reviewed complaints during the monthly team meetings and learning was shared with staff. The meeting minutes were stored on the internal computer system which was accessible to all staff.

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

When we inspected the practice in December 2014 staff told us the vision was to provide good patient care but they did not have a vision or strategy which was regularly reviewed. During this inspection we were told staff at the practice had contributed to developing a clear vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's strategy and five year business plan. We saw evidence the strategy and business plan were regularly reviewed by the practice and also saw the practice values were clearly displayed in the waiting areas and in the staff room. The practice vision and values included offering a friendly, caring, good quality service that was accessible to all patients.

Staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients.

Governance arrangements

When we inspected the practice in December 2014 there were some policies and procedures to govern activity, but there was no formal system of management or governance meetings.

We were shown, during this inspection, a number of new policies and procedures the practice had introduced in June 2015 to govern activity. Existing policies and procedures were also reviewed and updated. Policies and procedures were available to staff on their desktop on any computer within the practice. We looked at five of these policies and procedures and all staff had completed a cover sheet to confirm they had received an update to the policy or procedure. We saw they had all been reviewed since our last visit and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection prevention and control and the senior partner was the lead for safeguarding. All staff we spoke with 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.

The GP and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the QOF data to measure its performance. The practice manager and GP partner shared with us how they were monitoring QOF for the current year, 2015/16, to improve care for patients. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

A GP partner and the practice manager were in the process of developing a programme of clinical audits to monitor quality and systems to identify where action should be taken. Evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff. We saw a 'You said; We did' notice in reception which detailed feedback the practice received through patients via their comment and compliment system. For example, patients had suggested making improvements to the waiting area. The response in the 'We did' documented there were too many signs in the waiting area. The 'We did' part documented staff and PPG members had re-organised the posters in the waiting area into themes for patients.

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example infection prevention and control audit. Risk assessments were routinely reviewed at the monthly business meeting to identify any areas that needed addressing or as changes occurred.

The practice held monthly staff meetings where governance issues were discussed. We looked at minutes from these meetings and found performance, quality and risks had been discussed.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We were shown the electronic 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

Are services well-led?

Good 

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

these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Leadership, openness and transparency

When we inspected the practice in December 2014 there were no documented leadership structures and not all staff had been provided with job descriptions. New staff had not received appropriate inductions. Some staff had not received regular performance reviews or attended staff meetings or development events.

Staff told us since our last visit they now attended monthly team meetings and there was an open culture within the practice. They had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice. All staff now received regular performance reviews and attended staff meetings and events.

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

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

They had gathered feedback from patients through the PPG. The PPG were active and met on a regular basis and submitted proposals for improvements to the practice management team. For example, a suggestion from the PPG group implemented the 'You said; We did' process in order to provide feedback to patients through the comments and compliments process.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.