

Mundesley Medical Centre

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mundesley Medical Centre on 2 December 2015. Overall the practice is rated as good.

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.
- Staff assessed the needs of patients, and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were high levels of patient satisfaction with the service. This was demonstrated by the National GP Survey results, the 23 comment cards we received and by the patients we spoke with on the day of our inspection.
- Patients said they were treated with compassion, dignity and respect, and that they were involved in their care and decisions about their treatment.

- Patients with caring responsibilities were proactively identified and supported.
- 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.

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

The area where the provider must make an improvement is:

- Systems and processes were not established and operated effectively to ensure that clinicians were overseeing changes to prescriptions. The provider must develop a protocol for GPs to check changes in patients' medications following discharge from hospital in addition to the GP signing the prescriptions prior to the issue of medication.

In addition the provider should:

Summary of findings

- Ensure that the regular audit system in place to review the effectiveness of non-clinical staff managing incoming correspondence is increased.
- Provide a robust arrangement for the security of medicines and prescription pads stored in the dispensary areas and medicine storage cupboard, ensuring that they are only accessible to authorised staff.
- Monitor near-miss dispensing errors to detect trends and ensure appropriate actions are taken to minimise the chance of similar errors occurring again.

Professor Steve Field CBE FRCP FFPH FRCG

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There was an effective system in place for the reporting and recording of significant events. However, we noted that the practice did not keep records of near-miss dispensing errors. The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements, and staff were aware of their safeguarding responsibilities. Emergency procedures were in place to respond to medical emergencies.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and reflected current practice. Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital, dispensers made changes to patient's medicines which were not satisfactorily checked by GPs to ensure safety.

We also noted that the practice did not have robust arrangements for the security of medicines and prescription pads stored in the dispensary to ensure medicines and prescription pads were only accessible to authorised staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely in practice. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff had received 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 to co-ordinate patients' care.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Good



Summary of findings

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 their confidentiality.

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 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 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.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on staff training and development at all levels.

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 good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Feedback from local nursing and residential care homes was consistently positive about the quality of care received from staff.

The practice identified vulnerable older patients and worked closely with an Integrated Care Coordinator to avoid unplanned hospital admissions. The practice offered a dispensary delivery service for patients unable to make regular visits to the surgery.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients with long-term conditions had a named GP and received 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. The practice provided a diabetic retinopathy clinic. Longer appointments and home visits were available when needed. Clinical audits were used to improve the outcomes for patients with long term conditions.

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 from abuse. Immunisation rates were relatively high for all standard childhood immunisations. The practice offered a wide range of family planning advice and treatment to all age groups. Chlamydia screening services were available for 15-24 year olds. Appointments were available after school hours and the premises were suitable for children and babies. The practice offered young person's health checks. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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 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 reflects the needs for this age group.

Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice were able to refer patients to a Health Trainer to encourage lifestyle changes.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances might 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 maintained a register of patients with a learning disability and aimed to carry out health checks on them annually.

People with a learning disability were provided with double appointments. The practice had good relationships with local residential homes for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

The practice had produced information packs to be given to carers, and a care support worker regularly held surgeries at the practice. There was a designated carers' champion who was responsible for liaising with the care support worker, organising carers' packs and ensuring that practice-held data about carers was correct.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

94% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice carried out advance care planning for patients with dementia. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

93% of patients with serious mental health problems had an agreed care plan. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice offered monitoring for patients with eating disorders.

There was a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health. The practice had developed several audits relating to the care of patients with additional mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing above local and national averages. 252 survey forms were distributed and 104 were returned.

- 94.2% found it easy to get through to this surgery by phone compared to a CCG average of 78.7% and a national average of 73.3%.
- 92.2% found the receptionists at this surgery helpful (CCG average 90.3%, national average 86.8%).
- 91.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.9%, national average 85.2%).
- 99.1% said the last appointment they got was convenient (CCG average 94.8%, national average 91.8%).
- 89.8% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 82.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.8%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were generally positive about the standard of care received.

Clinical and non-clinical members of staff received specific praise for their kindness, efficiency and care. Patients reported that they felt listened to and involved in decisions about their treatment and were treated with compassion, however one comment card noted that nursing staff could be 'off hand'.

We spoke with six patients during our inspection. The feedback from patients was extremely positive. Patients told us that appointments were easily available and that they were usually able to see the same GP. The patients said that they did not feel rushed during consultations, and thought that clinicians were good at explaining treatment options. We also spoke with three members of the Patient Representation Group (PRG) who shared similar views about the practice.

Mundesley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC Inspector, a GP Specialist Advisor, a Pharmacist Inspector and a Practice Manager Specialist Advisor.

Background to Mundesley Medical Centre

Mundesley Medical Centre is situated in Mundesley, North Norfolk. The practice provides services for approximately 5460 patients. The practice is a dispensing practice. It holds a Personal Medical Services (PMS) contract with North Norfolk CCG, and has a branch surgery in the neighbouring village of Bacton which is open on alternate Wednesday mornings.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 55-85 years, and a lower than average number of patients 1-45 years compared to the practice average across England.

The practice team consists of five GP Partners, a Practice Manager Partner, a Nurse Practitioner, two Nurses, two Health Care Assistants and a Phlebotomist. It also has teams of reception staff, administration staff and dispensary staff. In addition there is a team of cleaners employed to oversee the cleaning of the premises. The practice is a long standing teaching practice. The practice actively support apprenticeships and currently employs two apprentices.

The practice is open between 08:00 – 18:30 Monday to Friday only, and does not offer any extended hours opening times. IC24 provide the Out of Hours services to patients for this practice.

The practice was subject to a previous inspection on 17th July 2014. At this inspection we found that the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The practice did not receive a rating for its services following this inspection.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. 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 reviewed safety records, incident reports, national patient safety alerts and minutes of clinical meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. Furthermore, the majority of staff had received domestic violence awareness training.

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 might have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Lead Practice Nurse was the lead for infection control. There was an infection control protocol in place and staff had received up to date training. We saw evidence that infection control audits were undertaken and actions had been taken to address any shortfalls identified as a result, for example ensuring that sharps bins were used correctly. There was a log of daily infection control activity undertaken in the treatment room.

Medicines Management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified, were provided with on-going training opportunities and had their competency annually reviewed. The practice had conducted some auditing of the quality of their dispensing service showing high patient satisfaction.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and reflected current practice. In addition, written information about the dispensing service was made available to patients. There were a variety of ways available to patients to order their repeat prescriptions and there were arrangements in place to provide medicines in compliance aids and a twice weekly delivery service for vulnerable patients. Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital, dispensers made changes to patients' medicines which were not checked by GPs to ensure safety.

Both blank prescription forms for use in printers and those for hand written prescriptions were recorded and tracked through the practice. However, we noted that the practice should make more robust arrangements for the security of medicines and prescription pads stored in the dispensary areas and medicine storage cupboard respectively ensuring medicines and prescription pads are only accessible to authorised staff. Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. Staff told us that processes were in place to check medicines stored within the dispensary areas were within their expiry date and suitable for use, however, records of expiry date checks in the dispensary did not show how frequently this took place.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. There were arrangements in place for the destruction of controlled drugs. Members of dispensary staff were aware of how to raise concerns around controlled drugs with the

Are services safe?

controlled drugs accountable officer in their area. However, controlled drug checks were carried out infrequently by the practice so issues arising might not have been promptly identified and resolved.

We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Dispensed errors were logged and then reviewed. However, we noted that the practice did not keep records of near-miss dispensing errors to monitor trends and ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

Staff Recruitment

We reviewed personnel files and found that appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well 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. The practice had up to date fire risk assessments and carried out regular fire drills. Five members of staff were trained as fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control 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.

Arrangements to deal with emergencies and major incidents

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. Further to this, the Lead Practice Nurse could deliver Advanced Life Support. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was held at the branch surgery.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. We saw that this also took place during clinical meetings and the minutes we reviewed confirmed this. We saw that where a clinician had concerns they would telephone or message another clinician to confirm their diagnosis, treatment plan or get a second opinion.

We found from our discussions with the GPs and nurses they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved a 100% of the total number of points available, with 13.5% exception reporting. On investigation of this, it was found that these were largely patient activated exceptions, which were discussed further at clinical meetings.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was at 100%. This was 6.3 percentage points above the CCG average, and 10.8 percentage points above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100%. This was 0.8 percentage points above the CCG average, and 2.2 percentage points above the national average.
- Performance for mental health related indicators was 100%. This was 3.8 percentage points above the CCG average and 7.2 percentage points above the national average.
- The dementia diagnosis rate was 100%. This was 2 percentage points above the CCG average and 5.5 percentage points above the national average.

Clinical audits demonstrated quality improvement, and all relevant staff were involved to improve care and treatment. We saw evidence of eight clinical audits completed in the last year, several of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, a recent audit of consultations with patients with additional mental health needs showed a need for clinicians to be asking opportunistic questions.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during

Are services effective?

(for example, treatment is effective)

sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Staff received training that 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.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system 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.

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

The practice had a system in place for managing incoming correspondence. This was previously reviewed quarterly. The practice found that the system they were using was effective, therefore it had been changed to a yearly audit.

Consent to care and treatment

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

When interviewed, staff were able to give examples of how a patient's best interests were taken into account if the patient did not have capacity to make a decision. Clinical staff demonstrated a clear understanding of Gillick competencies (these are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

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

The practice offered a comprehensive screening programme. The practice's uptake for the cervical screening programme was 93.8%, which was comparable to the national average of 81.88%. A nurse made follow up phone calls to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97.5% and five year olds from 92.5% to 97.5%. Flu vaccination rates for the over 65s were 76%, and at risk groups 57%.

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 years. 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 them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Patient phone calls were taken in a designated office behind the reception desk, ensuring privacy and confidentiality. We also saw a screen separating the reception desk from the waiting area, and a notice informing patients they could request a private room to speak to receptionist.

22 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. One comment card stated that they had found nursing staff difficult to talk to. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We also spoke with six patients and three members of the Patient Representation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91.5% said the GP was good at listening to them compared to the CCG average of 91.4% and national average of 88.6%.
- 84.5% said the GP gave them enough time (CCG average 88.7%, national average 86.6%).
- 99.3% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85.1%).

- 87.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94.8%, national average 91.9%).
- 92.2% said they found the receptionists at the practice helpful (CCG average 90.3%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92.9% and national average of 89.6%.
- 85.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 85.3%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice were also able to offer Polish speaking patients the opportunity to speak to a Polish member of staff.

Patient and carer support to cope emotionally with care and treatment

Notices in the 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 produced information packs to be given to carers. Furthermore, the practice was associated with a Carers' Support Worker who visited the practice every three months to support patients. There was a designated Carers' Champion who was responsible for liaising with the Care Support Worker, organising carers' packs and ensuring that practice-held data about carers was correct.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Both the Practice Manager and a GP attended the CCG Council of Members meetings. Furthermore, the Practice Manager attended the local Practice Managers' forum.

The practice offered a variety of services to patients in addition to chronic disease management. This included phlebotomy, condom supply, chlamydia screening, diabetic retinal screening, minor surgery and travel advice. It also offered a influenza vaccination service and recently provided a flu clinic at a local residential home for adults with a learning disability.

The practice was able to meet the needs of patients with disabilities. For example, there was a lowered reception desk to enable better communication with wheelchair users, a portable hearing loop available, disabled toilet facilities and a bell at the front door. There was one disabled parking bay in the car park. The corridors within the practice were wide and clear, allowing easy access to the consulting rooms.

There were longer appointments available for people with a learning disability. Home visits were available for older patients / patients who would benefit from these. The practice offered an emergency clinic in the afternoons for on the day appointments. Patients were able to see both male and female clinical staff.

Access to the service

The practice was open between 08.00 and 18.30 Monday to Friday. Appointments were available from 08.10 to 17.30 daily. The practice did not close for a lunch time period. On occasion, the practice offered appointments from 08.00. Information about making appointments was available to patients on the practice's website and in its patient information leaflet, and appointments could be booked in person, by telephone or online.

The practice had previously offered extended opening hours but had found that it was not well utilised by

patients. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages, despite it not offering extended hours. People told us on the day that they were able to get appointments when they needed them.

- 79.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.7% and national average of 74.9%.
- 94.2% patients said they could get through easily to the surgery by phone (CCG average 78.7%, national average 73.3%).
- 89.8% patients described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 82.6% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.8%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also shown on a large TV screen in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

The practice analysed all complaints received in meetings attended to by both clinical and non-clinical staff. Meeting minutes showed that each complaint was triaged in relation to its type, including clinical treatment, communication, administrative and practice management issues.

We looked at documentation relating to 26 complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The objectives included the provision of well embedded support for staff, and that the practice identified and acted on opportunities for improvement in a timely manner.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of policies and procedures in place to govern its activity, and these were easily accessible to staff. Staff had signed the policies to indicate that they had read, understood and agreed to abide by them. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. For example, there was a lead nurse for infection control and partners took lead roles for safeguarding, training and chronic disease. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Communication across the practice was structured around key scheduled meetings. There were weekly practice meetings involving the GPs and the practice manager, regular nurses' meetings and staff meetings involving all administrative staff.

We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

Shortfalls identified on the day of inspection were discussed with the practice manager. A comprehensive action plan was quickly sent to the lead inspector, demonstrating a proactive approach to leadership.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

There was a clear leadership structure in place and staff felt supported by management. The practice held regular team meetings that all members of staff were invited to. Staff told us that there was an open, non-hierarchical culture within the practice and they had the opportunity to raise any issues at team meetings. We also noted the practice held team away days. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from 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.

The practice gathered feedback from patients through the patient participation group and through surveys and complaints received. A suggestion box in reception area was available for patients to leave comments in, which was checked daily. There was an active Patient Representation Group (PRG) which met four times a year at a local church hall. There was also an active virtual element of the PRG who emailed suggestions in if unable to attend meetings.

We spoke with three members of the group, who reported that the practice manager was very good at ensuring the group was kept up to date with what was happening within the practice. They reported that the PRG's suggestions to improve the service were listened to and acted upon by the practice. The practice and the PRG had recently provided an open evening for patients, which was well attended.

The practice had been actively monitoring comments it had received on the NHS Choices website and where patients had raised concerns, we saw that these had been replied to with patients invited to contact the practice to discuss their concerns.

Are services well-led?

Good 

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

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. 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. For example, a healthcare assistant told us that she had recently cascaded information received on an Infection Prevention and Control training day, which led to a change in practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Systems and processes were not established and operated effectively to ensure that clinicians were overseeing and checking changes to prescriptions. Regulation 12. - (2) (b)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	