

New Invention Health Centre

Quality Report

New Invention Health Centre,
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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

We inspected New Invention Health Centre on 23 October 2014 as part of a comprehensive inspection. We found that the practice was effective, caring, responsive and generally well-led. However, we identified that aspects of the service were not safe. We rated the practice overall as good.

Our key findings were as follows:

- Not all aspects of the practice were safe, the premises was not safe or suitable for the purpose of delivering regulated activity. Findings from risk assessments and audits were not always acted on. There was a lack of robust recruitment procedures in place.
- There was evidence of clinical audits and best practice guidance in place to ensure patients care and treatment was effective and achieved positive outcomes.
- Patients were complimentary about the staff at the practice and said they were caring, listened and gave them sufficient time to discuss their concerns and were understanding.

- The practice had arrangements in place to respond to the needs of the practice population. These included services aimed at specific patient groups.
- Feedback from patients and staff suggested that the current GP partners had made positive improvements and there was a sense of stability and continuity in care.

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- The practice must act on findings of risk assessments and audits undertaken including infection prevention and control, legionella and fire.
- Ensure risks to patients and others are assessed and managed by undertaking a risk assessment of the safety and suitability of the premises. The practice must ensure that reasonable adjustments are made to ensure equal access for disabled patients in line with the Disability Discrimination Act (DDA).

Summary of findings

- The practice must review the recruitment policy and procedure to ensure it fully reflects all areas of robust recruitment so that they can be consistently implemented. This includes risk assessing staff who do not have a Disclosure and Barring Service check (DBS).

In addition the provider should:

- Ensure members of staff who undertake a formal chaperone role undergo training so that they develop the competencies required for the role.
- The practice should review the arrangements for data protection to ensure patient confidentiality is maintained at all times.
- Review the impact on the accessibility of appointments as well as seek patients views on the practice closing for patient appointments during normal working hours on Mondays, Tuesdays, Wednesdays and Fridays between 12-1pm, alternate Tuesdays from 1200pm until 2pm and Thursdays from 1pm.
- The clinical governance arrangements at the practice should be reviewed to ensure robust management of risks. Including the over reliance of locum GPs and the protocol in place for the nurse practitioner to review blood test results.

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 systems in place to ensure patients received a safe service requires improvements. We identified that aspects of the premises was not safe or suitable for delivering patient care and treatment. There was a lack of robust risk assessments in place and actions identified from audits and assessments had not been acted on. Recruitment procedures in place were not robust.

Requires improvement



Are services effective?

There was evidence of clinical audits and best practice guidance in place to ensure patients care and treatment was effective. We found the practice had joint working arrangements with other health care professionals and services. There were effective arrangements to identify, review and monitor patients with long term conditions and those in high risk groups to ensure their needs were assessed and monitored. However, the protocol in place for the nurse practitioner to review blood test results should be reviewed to ensure the effective management of risk.

Good



Are services caring?

Patients were complimentary about the staff at the practice and said they listened and gave them sufficient time to discuss their concerns and were understanding. Patients told us that their privacy and dignity was respected and they were involved in making decisions about their care and treatment. However, we found that patient confidentiality was not always maintained and should be improved.

Good



Are services responsive to people's needs?

The practice had arrangements in place to respond to the needs of the practice population. These included services aimed at specific patient groups. The service was accessible to a variety of patients with different health needs. The practice had a system in place to respond to complaints and concerns in a proactive manner.

Good



Are services well-led?

There were clear challenges that the current GP partners faced in the running of the practice, the biggest challenge being the premises. It was apparent that some of the development opportunities and ideas that the partners had were restricted by ongoing issues with the lease. Feedback from patients and staff suggested that the partners had made positive improvements and there was a sense of stability and continuity in care. However, the clinical governance arrangements at the practice should be reviewed to ensure robust management of risks including the over reliance of locum GPs.

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 population included 516 patients over the age of 75 years. The practice had allocated these patients a designated GP and was in the process of formulating care plans to monitor their health needs. This is an accountable GP to ensure patients over the age of 75 years received co-ordinated care. These patients or their carer could directly contact the practice on a dedicated telephone number so that their call was attended to promptly.

Patients over the age of 75 years were offered health checks at dedicated clinics that took place on Mondays. The aim was to review and monitor the patients health needs.

Good



People with long term conditions

Patients with long term conditions were reviewed by the GPs and the practice nurses to assess and monitor their health condition so that any changes could be made.

Patients with long term conditions such as those patients with dementia and a learning disability had annual health reviews undertaken by the GPs and nurses. There were arrangements to review patients in their own home if they were unable to attend the practice. This included visits to care homes. Health checks and medication reviews took place and repeat prescriptions were accessible. These arrangements help to minimise unnecessary admissions to hospital.

Good



Families, children and young people

Antenatal care was provided by the midwife who undertook a clinic at the practice once a week. The post natal check was completed by a GP to ensure a holistic assessment of a women's physical and mental wellbeing following child birth.

The practice had an allocated health visiting team, although they were not based within the practice, children under the age of five years had access to the Healthy Child Programme. Priority was given to appointment requests for babies and young children who were unwell to ensure they were assessed promptly. There was a clinic once a week in which the GPs undertook eight week checks for babies and this was coordinated with their first set of childhood vaccinations.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice was open extended hours on Monday evenings from 6:30pm to 8:00pm to accommodate the needs of working age patients. Patients were able to book non urgent appointments around their working day by telephone or on line. Telephone consultations were available so patients could call and speak with a GP or a nurse where appropriate if they did not wish to or were unable to attend the practice.

NHS health checks were available for people aged between 40 to 74 years. The practice offered a range of health promotion and screening services which reflected the needs for this age group. Opportunistic health checks and advice was offered such as blood pressure checks and advice on smoking cessation. There were nurse led weight management clinics.

People whose circumstances may make them vulnerable

Good



The practice had a registration policy in place which enabled people without proof of address or identity to receive care and treatment; this could often be people living in vulnerable circumstances.

The practice had access to an interpreting service. We saw posters on display informing patients of the availability of an interpreting service.

The practice had started a scheme to avoid unplanned hospital admissions by providing an enhanced service. This focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home.

People experiencing poor mental health (including people with dementia)

Good



Patients experiencing poor mental health were offered an annual review of their physical and mental health needs, including a review of their medicines.

Staff worked closely with local community mental health teams to ensure patients mental health needs were reviewed, and that appropriate risk assessments and care plans were in place. A community psychiatric nurse (CPN) held a clinic twice a week at the practice to support patients and referred them to specialist service if necessary.

Summary of findings

What people who use the service say

There were no up to date results for the national GP patient survey for the practice or comments made on the NHS Choices website. This was because the current partners had recently taken over the practice. The partners were registered providers with the Care Quality Commission (CQC) so they were able to add the practice to their exiting registration.

The practice did not have a patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. However, plans were in place to set up a PPG and the practice was in the process of recruiting members.

We spoke with nine patients on the day of our inspection. We also sent the practice comment cards prior to our inspection so that patients had the opportunity to give us feedback. We received 19 completed cards where patients shared their views and experiences of the service. Of these completed cards, 15 contained positive feedback. Our discussions with patients on the day and feedback from comment cards told us that patients were overall happy with the service. Patients felt that staff were caring and their privacy and dignity was respected. Areas for improvement included the general poor state of the premises and a lack of appropriate facilities such as parking.

Areas for improvement

Action the service **MUST** take to improve

- The practice must act on findings of risk assessments and audits undertaken including infection prevention and control, legionella and fire.
- Ensure risks to patients and others are assessed and managed by undertaking a risk assessment of the safety and suitability of the premises. The practice must ensure that reasonable adjustments are made to ensure equal access for disabled patients in line with the Disability Discrimination Act (DDA).
- The practice must review the recruitment policy and procedure to ensure it fully reflects all areas of robust recruitment so that they can be consistently implemented. This includes risk assessing staff who do not have a Disclosure and Barring Service check (DBS).

Action the service **SHOULD** take to improve

- Ensure members of staff who undertake a formal chaperone role undergo training so that they develop the competencies required for the role.
- The practice should review the arrangements for data protection to ensure patient confidentiality is maintained at all times.
- Review the impact on the accessibility of appointments as well as seek patients views on the practice closing for patient appointments during normal working hours on Mondays, Tuesdays, Wednesdays and Fridays between 12-1pm, alternate Tuesdays from 1200pm until 2pm and Thursdays from 1pm.
- The clinical governance arrangements at the practice should be reviewed to ensure robust management of risks. Including the over reliance of locum GPs and the protocol in place for the nurse practitioner to review blood test results.

New Invention Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC inspector. The team also included a specialist advisor GP and a specialist advisor practice manager with experience of primary care services. We were also supported on this inspection by an expert-by-experience. This is a person who has personal experience of using this type of service.

Background to New Invention Health Centre

Dr Sinha, Rischie, Sinha, Shanker practice are the registered provider for New Invention Health Centre and are the only providers delivering regulated activity at New Invention Health Centre. They are registered for primary medical services with the Care Quality Commission (CQC) and have two registered locations (practices). They are 'Pleck Health Centre' and more recently New Invention Health Centre. This inspection focused on New Invention Health Centre, 66 Cannock Road, Willenhall, West Midlands, and WV12.

The practice is based inside a converted house. The registered patient list size is approximately 6347 patients. The practice is open Mondays, Tuesdays, Wednesdays and Fridays 8:30am to 6:30pm although it is closed between 1-2pm during these days. The practice is also closed alternate Tuesdays from 12:00pm until 2pm and Thursdays from 1pm. There is extended opening hours on Mondays from 6pm to 8.15pm which would benefit working age patients. During the period of time when the practice is closed in normal working hours the practice subcontracts

GP access for patients through a local GP provider. The practice has also opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service contracted by the CCG.

There are four GPs working at the practice (two male and two female). Two of the GPs work as locum GPs on a regular basis Mondays to Fridays and the other two GPs are partners at the practice and also work at Pleck Health Centre. A locum GP is employed on a sessional basis covering for any absences. The practice employs a nurse practitioner (female), a practice nurse (female) and a health care assistant (female) who also undertakes phlebotomy (the taking of blood). There are also eight administrative staff and an assistant practice manager. There is a practice manager who covers both practices although they are predominantly based at 'Pleck Health Centre.'

The practice has a General Medical Service contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as for example, chronic disease management and end of life care.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

We reviewed the most recent data available to us from Public Health England which showed that the practice has a lower patient population who are aged 0 to 4 years old and above average practice population of older patients aged 65 years and over. This was in comparison to other

Detailed findings

practices in the CCG area and in England. The income deprivation score was above average for England but lower than average in comparison to other practices in the CCG area.

We spoke with two managers of local care homes and health care professionals to obtain their views on how the practice worked with them to improve health outcomes for patients.

Why we carried out this inspection

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

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

How we carried out this inspection

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)

We reviewed a range of information we held about the service and asked other organisations and health care professionals to share what they knew about the service. We also sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 19 completed cards where patients shared their views and experiences of the service. We carried out an announced inspection on 23 October 2014. During our inspection we spoke with a range of staff including managers, clinical and non clinical staff. We spoke with patients who used the service. We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Are services safe?

Our findings

Safe track record

We had previously inspected the practice in March 2013, this was under the registration of the previous providers. At the time of the inspection we identified that improvements were required in particular to the safety and suitability of the premises. The current providers Dr Sinha, Rischie, Sinha, and Shanker had taken over the practice in April 2014 as part of a 'care taking' arrangement with NHS England. The providers registered the practice with the Care Quality Commission (CQC) on 3 October 2014 which was a considerable delay. This was an inspection based on the registration of the current providers who were the only providers delivering regulated activity at the location New Invention Health Centre. We found that aspects of the premises were still not safe or suitable for the purpose of carrying on regulated activity.

Staff told us that they received patient safety alerts via emails from the practice manager. We found there were no mechanisms in place to ensure anything relevant was discussed and actioned appropriately. Patient safety alerts are issued when potentially harmful situations are identified and need to be acted on. This was an informal approach to managing alerts as they were not recorded to provide a clear audit trail of actions undertaken.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. A significant event is any event thought by anyone in the team to be significant in the care of patients or the conduct of the practice. A policy was in place for staff to refer to. There was some evidence to demonstrate that learning points were identified in response to significant events. Meetings took place every four to eight weeks where discussions took place. Records were written in detail. However, they did not always demonstrate that the actions were acted on or followed up, although the staff who we spoke with said that they received appropriate feedback.

Reliable safety systems and processes including safeguarding

There was a lead GP for safeguarding vulnerable adults and children. There was a leaflet in the patient waiting area on safeguarding children to raise patient's awareness. The assistant practice manager told us that all of the staff had received safeguarding vulnerable adults and children's

training. There was no overall log for staff training to ensure this information was easily accessible. However, we looked at a sample of staff files and saw training certificates that demonstrated they had completed the training. Clinical staff had completed level three safeguarding children training. This level of training helps develop knowledge, skills and the ability to work collaboratively on the processes for safeguarding and promoting the welfare of children. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns. Staff confirmed there was an alert system on computer records to ensure vulnerable adults and children at risk could be easily identified.

The practice had a chaperone policy in place and there were posters displayed informing patients of its availability. Staff who we spoke with were aware of their roles and responsibilities when undertaking this duty although they had not received any formal training. The assistant practice manager told us that they were in the process of arranging this training. Members of staff who undertake a formal chaperone role should undergo training so that they develop the competencies required for the role.

Medicines management

The practice had medicines and equipment available to use in the event of a medical emergency. There were systems in place to ensure they were checked regularly so that medicines were not kept beyond their expiry date. However, we saw that not all of the available emergency medicines were recorded on the checklist. This could result in staff being unaware of the availability of these medicines and they may not be checked. We saw that some of the emergency medicines should not be stored above a specified temperature range. Staff confirmed that there was no system in place to monitor the temperature so they could be confident that the medicines were stored within the recommended temperature ranges. Following our inspection the assistant manager confirmed that systems were in place to monitor the temperature of the environment where emergency medicines were stored.

There was a dedicated secure fridge where vaccines were stored. There were systems in place to ensure that regular checks of the fridge temperature was undertaken and recorded. This provided assurance that the vaccines were stored within the recommended temperature ranges and were safe and effective to use. A cold storage vaccine policy was in place to further guide staff however, the policy

Are services safe?

needed updating to reflect changes to the responsible person. The cold chain ensures that all activities relating to the supply and storage of vaccinations maintain the required temperature range so that they are safe and effective to administer.

We found that blank prescriptions were not always stored appropriately to ensure they were only accessible to appropriate staff. We saw that a box containing blank prescriptions were stored in an unlocked area. Staff told us that there was a system in place for recording the serial number of prescriptions so that all prescriptions can be accounted for and traced in the event this was necessary. However, this system was for prescriptions issued and not blank prescriptions. Following our inspection the assistant practice manager told us that all prescriptions were now stored securely.

There were arrangements in place to ensure patients had regular reviews of their medicines, to assess their progress and ensure their medications remained relevant to their health needs. A system was in place for repeat prescribing so that patients were reviewed appropriately. There was an alert system for issuing repeat prescriptions when medication reviews were due. Management of prescription requests from patients and the pharmacy were well organised and included careful checking by a well trained and experienced prescription clerk. Our discussions with them demonstrated that they worked safely and within their scope and competency.

Cleanliness and infection control

On the day of our inspection we observed practice was generally clean and tidy. However, there were areas that were worn and in need of repairs. For example, we saw stained carpets in the upstairs area and skirting boards that were in need of painting. There were some systems in place to reduce the risk of cross infection such as the availability of personal protective equipment (PPE) and colour coded cleaning equipment. Information about hand hygiene was on display to help promote good hand hygiene. We found that suitable arrangements were in place for the storage and the disposal of clinical waste and sharps. Sharps boxes were dated and signed with the date of use to enable staff to monitor how long they had been in place.

There was an infection prevention and control policy which was under review at the time of our inspection. Supporting procedures were available for staff to refer to. Staff told us that these policies and procedures were accessible to

them. However, we identified areas that the practice must improve on. There was no overall log for staff training, this made it difficult to establish what training all of the staff had received. We sampled three clinical staff files and found no records of infection prevention and control training, we later saw the training certificate for one member of staff. Another member of staff confirmed that they had not received any training but they were booked to attend in the next couple of months. The practice employed cleaners to carry out daily cleaning duties. Cleaning specifications were in place which included the task and frequency of cleaning per area such as the kitchens. The cleaning schedules were not signed to demonstrate that the cleaning had taken place consistently. We saw that clinical staff had schedules for clinical equipment however, records did not show these were done consistently and none of the fridges were included in any of the cleaning schedules.

An external audit on infection prevention and control had been completed in March 2014. The practice had an overall score of 84%, with a low score of 59% for the clinical environment. There was no evidence that actions identified in the audit had been addressed.

There was no overall system in place to show that clinical staff had appropriate immunisations for their job role. We looked at a sample of individual files and saw that one staff member's immunisation status for Hepatitis B showed that the most recent sample taken in the year 2014 was inadequate. Another member of staff was due a booster in the year 2013 although there was no evidence that this had been undertaken.

A legionella risk assessment had been completed in May 2014 to ensure any risks to patients from potential contaminated water was identified and acted on. Legionnaires' disease is a form of bacteria which can live in all types of water systems. However, the findings of the risk assessment had not been acted on. We saw the report which showed that there were 38 high priority areas. The GP partners at the practice explained that work had to be halted due to safety issues relating to exposed electrics. The building was not owned by the partners at the practice and there were ongoing discussions with the landlord who owned the lease for the premises and NHS England to resolve the issues. We were told that until these building issues could be resolved the work could not progress. Following our inspection we were informed by NHSE

Are services safe?

England that they had commissioned work on the premises. However, we are unable to review any changes made to the premises without undertaking a further inspection.

Equipment

Records showed that medical equipment had been calibrated and serviced so that they were safe and effective to use.

Electrical appliances had been tested to ensure they were in good working order and safe to use

Staffing and recruitment

There were four GPs who worked at the practice (two male and two female). Two of the GPs worked as locum GPs regularly on a full time basis Monday to Friday and the other two GPs were partners at the practice and also worked at Pleck Health Centre. The practice employed a nurse practitioner (female), a practice nurse (female) and a health care assistant (female) who also undertook phlebotomy (the taking of blood). There were also eight administrative staff and an assistant practice manager. There was a practice manager who covered both practices although they were predominantly based at 'Pleck Health Centre.

There were systems in place to monitor and review staffing levels to ensure any shortages were addressed and did not impact on the delivery of the service. A locum GP was employed on a sessional basis covering for any absences. The GP partners at the practice were confident that staffing levels had improved in comparison to previously. This was reflected in the recent appointment of an assistant practice manager and a practice nurse. There was an arrangement in place for members of staff, including clinical and administrative staff to cover each other's annual leave. We identified that most of the staff had worked at the practice for a number of years which provided stability within staff team.

The practice manager told us that only employed locums who had worked at the practice to ensure continuity in care. We saw that the locum pack contained information such as referral forms. However, important information such as practice policies and protocols were missing. This information could be useful in the event a locum was not familiar with the practice.

We looked at the recruitment records of two of the most recent members of staff employed at the practice which

included a clinical and non clinical member of staff. Schedule 3 of the Health and Social Care Act 2008 details information required to be available in respect of people employed. This should include for example, a full employment history, evidence of conduct in previous employment and a where applicable a criminal record check. In one of the staff records there was evidence that some of the appropriate pre-employment checks were completed prior to commencing their post. This included references, photo identity, occupational health assessment and professional registration details. However, we found gaps in the recruitment procedure. There was no application form or similar document for this member of staff that provided details of their employment history. The other member of staff had no recruitment records at all. The clinical member of staff member had a Disclosure and Barring Service (DBS) check from a previous employer and the other staff member had started their post without a check although this had now been requested. There were no risk assessments in place to support this approach to DBS checks. The DBS check is a criminal records check that helps identify people who are unsuitable to work with children and vulnerable adults

There were no records to demonstrate that new staff had received a formal induction to prepare them for their role.

Monitoring safety and responding to risk

There were arrangements to deal with foreseeable medical emergencies. Staff told us that they had received training in responding to a medical emergency and we saw training certificates in the staff files sampled. There were emergency medicines and equipment available that were checked regularly so that staff could respond safely in the event of a medical emergency. The practice had an automated external defibrillator (AED). This is a piece of life saving equipment that can be used in the event of a medical emergency. All of the staff we spoke with (including receptionists) knew the location of the emergency medicines and equipment.

There was some evidence of fire procedures for example, fire extinguishers were in place and serviced to ensure they were in good working order. We saw that fire drills were carried out so staff knew what actions to take in the event of a fire. Emergency lighting system was installed to ensure the lighting was provided promptly, automatically and for a suitable time when the normal power supply to the lighting failed. This would allow people within the building to

Are services safe?

evacuate safely in the event of an emergency. A fire risk assessment had been completed in September 2014 and identified a number of actions. However, some of the actions were still outstanding. This included a fire warning system, training for staff in fire safety, removal of the gas hob and oven in the staff kitchen.

Systems in place for the control of substances hazardous to health (COSHH) were not robust. We saw that a cupboard which contained COSHH products was not locked and was accessible to patients. An external audit had been completed in March 2014 identified that COSHH data sheets were required to ensure an accurate record of all COSHH products. We found that this was still not in place.

The practice was based inside a converted house and the premises was in need of refurbishment. During this inspection we found areas of the environment that was unsafe. For example, there were exposed pipes and inadequate working environment for staff. The assistant manager told us that since coming in to post recently, they had started the process of completing a work safety assessment. However, there was no overall health and safety assessment of the premises. There was evidence of trip hazards due to poor lighting and loose wires in some areas. We saw a PC server situated above where a member

of staff was working, and there were loose electrical extensions leads and telephone cables. We saw the key storage box was opened with a number of keys with labels attached in an area accessible to patients.

There was no evidence that a Disability Discrimination Act (DDA) audit had been completed so that reasonable adjustments were made to ensure equal access for disabled patients in line with the Disability Discrimination Act (DDA). This act ensures providers of services do not treat disabled people less favourably, and must make reasonable adjustments so that there are no physical barriers to prevent disabled people using their service. We saw that not all areas of the practice were suitable for patients with a disability such as those who required the use of a wheelchair.

Arrangements to deal with emergencies and major incidents

The practice had an up to date business continuity plan in place. This covered a range of areas of potential risks relating to foreseeable emergencies that could impact on the delivery of the service. There was a named lead and contact details of staff and main suppliers that would be needed in the event of an emergency and major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians who we spoke with were able to describe and demonstrate how they accessed guidelines from the National Institute for Health and Care Excellence (NICE). We saw evidence of NICE guidance applied in practice. For example, patients prescribed a particular medicine were reviewed with the aim to change their medicine to an alternative based on NICE guidance. NICE provides national guidance and advice to improve health and social care.

Patients with long term conditions were reviewed by the GPs and the practice nurses to assess and monitor their health condition so that any changes could be made. For example, patients with diabetes had annual reviews by the nurse and there was also a lead GP for Diabetes. Patients were also referred to community diabetes team and services where necessary. Patients over the age of 75 years were offered health checks at clinic held by a pharmacist once a week.

Patients with mental health needs and patients with a learning disability had care plans in place and annual health reviews undertaken by the GPs and nurses. There were 33 patients on the mental health register of whom 18 had reviews and agreed care plans, the remaining patients were due for a review. There were 15 patients on the learning disability register who had received their annual review. This ensured patients had their needs assessed and care was planned in accordance with best practice.

There were arrangements to review patients in their own home if they were unable to attend the practice. This included visits to care homes.

The practice provided antenatal and post natal care for women, the midwife undertook a weekly clinic at the practice.

The practice had started a scheme to avoid unplanned hospital admissions by providing an enhanced service. This focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. At the time of the inspection the practice had had identified 50 % of high risk patients. An enhanced service is a service that is provided above the

standard general medical service contract (GMS). Our discussions with health care professionals indicated that there were good communication systems in place with the GPs and staff at the practice.

The practice had systems in place to refer patients appropriately to secondary and other community care services such as district nurses. The practice told us they made urgent referrals and used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enables patients to choose which hospital they would prefer to be seen.

Management, monitoring and improving outcomes for people

The most recent data available to us showed us that the practice was achieving its required points in most areas for the Quality and Outcomes Framework (QOF). The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. However, some work was still required in order to achieve targets for reviewing patients with mental health needs. Some staff were allocated specific QOF targets to focus on to ensure patients were called for their review.

The practice nurse delivered the childhood vaccination programmes. The practice was achieving a good uptake of vaccinations. Out of a total of 346 eligible children 310 were up to date with their childhood vaccinations. Leaflets on some of the childhood vaccinations were available in the patient waiting room.

The practice had a system in place for clinical audits. There were some examples of completed clinical audits that had resulted in changes to practice and improved outcomes for patients. For example we spoke with the pharmacist who told us prescribing audits had been undertaken and the practice had good prescribing rates in comparison with other practices in the CCG area. However, not all audit cycles were completed as there was a lack of evidence to support that the findings had been acted on. Audits should be full cycle to show the initial audit, changes implemented and re-auditing to demonstrate the improvements made.

Effective staffing

Discussion with staff on the day and evidence we reviewed suggested that staff had received training appropriate to their roles. This included areas such as diabetes, childhood immunisations and cytology. Although we identified there

Are services effective?

(for example, treatment is effective)

were gaps in training such as the Mental Capacity Act, fire safety and infection prevention and control. Our discussion with staff on the day demonstrated their awareness in these areas. There was no overall training log to ensure training needs could be easily identified and addressed. We discussed this with the assistant practice manager at the time of our inspection who told us that action would be taken.

The practice had systems in place for annual appraisals for all staff including the GPs and staff who we spoke with confirmed this.

All of the GPs who worked at the practice had undergone or were due external revalidation of their practice.

Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise medicine.

Working with colleagues and other services

We spoke with two local care home managers about the arrangements for reviewing older patients who were unable to attend the practice. They were positive about the service received from the practice. They told us that the GPs were approachable and undertook home visits on request. Health checks and medication reviews took place, and repeat prescriptions were accessible. These arrangements helped to minimise unnecessary admissions to hospital.

Patients who were receiving end of life care had a named GP and there were systems in place to share information with out-of-hours services for when the practice was closed.

There was a national recall system in place for cytology screening which were carried out by the practice nurse. This ensured women received this important health check including their results in a timely manner and findings were audited to ensure good practice.

Blood test results coming back into the practice were viewed by the nurse practitioner and any abnormal results were forwarded to the GPs for further action. In the absence of the nurse practitioner all laboratory results were said to be viewed by the GPs. We were told that the nurse had received training by a GP and there was a protocol in place for the nurse to follow when reviewing the results. We saw that the protocol provided guidance on the action the nurse should take based on the results received. However, we found that the protocol was long and complex and the

clinical governance arrangements were not clear to ensure the effective management of risk. There was no system in place to review the protocol and ensure the nurse was not working beyond their competency.

Information sharing

We found that the practice worked with other service providers to meet people's needs and manage complex cases. Multidisciplinary working was evidenced for example joint working arrangements were in place with the pharmacist and learning disability nurse. We spoke with the health visiting team they told us that there were no formal meetings however, there were good systems in place for information sharing.

Consent to care and treatment

The practice was completing dementia screening for patients over the age of 60 years to ensure their needs were assessed proactively. There was a lead GP for mental health who had training in the Mental Health Capacity Act (2005) as part of a Diploma course. The clinical staff who we spoke with stated they would follow guidelines with regards to capacity and consent and were confident that they could assess this. There were mental capacity assessment and best interest decision templates to guide staff with the assessment process. However, staff had not received any formal training in the Mental Capacity Act (2005) to ensure they were up to date with the requirements of the act.

The practice had a policy in place for adults who were unable to consent which provided guidance to staff when they gave care and treatment to patients. There was a consent policy with reference to the Gillick competency for assessing whether children under 16 were mature enough to make decisions without parental consent. This allows professionals to demonstrate that they had checked a person's understanding of proposed treatment, and used a recognised tool to record the decision making process. The practice had no current examples where they had needed to apply the Gillick competency or undertake a capacity assessment.

Health promotion and prevention

The practice offered all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected

Information leaflets and posters were available in the patient waiting area on health promotion and prevention such as flu, alcohol awareness and exercise. However,

Are services effective?

(for example, treatment is effective)

some of the information was not displayed in an organised manner to make the information more accessible to patients. We saw that a television in the patient waiting area was out of order as it was faulty, this could be useful in disseminating health promotion and prevention advice.

The practice offered advice and support in areas such as sexual health, family planning and substance misuse referring patients to secondary services were necessary.

There were nurse led services such as the minor illness clinic which aimed to review patients with common illness and ailments. Other services available at the practice included phlebotomy (the taking of blood).

NHS health checks were available for people aged between 40 years and 74 years. The practice offered a range of

health promotion and screening services which reflected the needs for this age group. Opportunistic health checks and advice was offered such as blood pressure checks and advice on smoking cessation and weight management.

Staff worked closely with local community mental health teams to ensure patients' mental health needs were reviewed, and that appropriate risk assessments and a care plan were in place. A community psychiatric nurse (CPN) held a clinic twice a week at the practice to support patients and referred them to specialist services if necessary.

Patients who were at risk were offered flu and shingles vaccinations in clinics.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with nine patients on the day of our inspection. We also sent the practice comment cards prior to our inspection so that patients had the opportunity to give us feedback. We received 19 completed cards where patients shared their views and experiences of the service. Of these completed cards, 15 contained positive feedback. Our discussions with patients on the day and feedback from comment cards told us that patients were overall happy with the service. Patients felt that staff were caring and their privacy and dignity was respected, some commented on the positive changes made since the new partnership was in place. Areas for improvement included the general poor state of the premises and a lack of appropriate facilities such as parking.

There were two female GPs available at the practice and female nurses so patients had the option of receiving gender specific care and treatment.

The layout of the patient waiting area meant that patient's confidentiality was not always maintained. Patients approaching the reception desk could be overheard when talking with staff. Staff taking incoming calls could also be heard. We observed that there were some arrangements in place to maintain confidentiality. There was a poster informing patients that they could discuss any issues in private away from the main reception desk. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room and that patients privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations. However, two of the consulting rooms were located off the patient waiting area and patient's consultations with the GPs could be easily overheard. Access to another consulting room was via the staff kitchen. There was a printer and fax machine located in the staff kitchen area and we saw confidential information was visible to patients accessing the consulting room.

We saw a poster in one of the consulting rooms which stated "One problem, one patient, one consultation". There was no information informing patients the reason for this or giving patients the option of booking a double appointment.

Care planning and involvement in decisions about care and treatment

Patients who we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about their care and treatment. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

We asked staff about bereavement support for patients. They told us that a GP at the practice would call bereaved relatives to offer support and there were arrangements in place to refer patients to counselling services for emotional support. We did not see any information leaflets in the patient waiting area with details of bereavement support groups. However, the GPs had leaflets available in the consulting rooms.

The practice had implemented the gold standards framework for end of life care. They had a palliative care register and regular multidisciplinary meetings to discuss patient and their families care and support needs including bereavement support.

The practice had an alert system for identifying people who were carers to ensure their needs were identified and acted on, this included sign posting to support services. However, we did not see any information in the patient waiting area to inform people of the support available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patients needs and had sustainable systems in place to maintain the level of service provided. The practice delivered core services to meet the needs of the patient population they treated. For example screening services were in place to detect and monitor the symptoms of long term conditions such as asthma, diabetes. There were nurse led services such as reviews of minor illnesses and diabetes. There were vaccination clinics for babies and children and women were offered cervical screening and family planning services. Patients over the age of 75 years had an accountable GP to ensure their care was co-ordinated.

A poster in the waiting room informed patients about the patient participation group (PPG) and encouraged patients to join the PPG. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service.

Tackling inequity and promoting equality

We saw that not all areas of the practice were suitable for patients with a disability such as those who required the use of a wheelchair. There was ramp access to the front of the premises. However, there were no allocated parking spaces for people with disabilities. The front doors were not automatic and although there were double doors only one side of the door was opened, the other side was closed. This restricted the access for patients who used wheelchairs. Some of the services offered at the practice were in consulting rooms on the first floor this included clinics with the physiotherapist. However, there were no lifts and patients would have to walk a flight of stairs to get the first floor. We were told by staff at the practice that previously there had been a stair lift and this had been removed. We found that appropriate consideration had not been given on how patients with mobility difficulties would access clinics on the first floor. For example, ensuring rooms were allocated on the ground floor for these clinics. There were accessible toilets however; there were no signs to alert patients to the facility. The reception desk did not have a low level area which would enable patients who required the use of a wheelchair to speak with staff easily.

There was no loop induction system for patients with a hearing impairment.

Access to the service

The practice had a registration policy in place which enabled people without proof of address or identity to access the service to receive care and treatment.

Staff told us that the demographics of the practice population meant that most patients spoke English as their first language. In the event an interpreter was required the practice had access to an interpreting service. We saw posters on display informing patients of the availability of an interpreting service. This would ensure the service was accessible to patients who may benefit from it

There was an established staff team which enabled good continuity of care and access to a choice of GPs including a female GP. All patients needing to be seen urgently were offered same-day appointments and there was a triage system in place to ensure this was done effectively.

We spoke with nine patients on the day of our inspection. We also sent the practice comment cards prior to our inspection so that patients had the opportunity to give us feedback. We received 19 completed cards where patients shared their views and experiences of the service. Our discussions with patients on the day and feedback from comment cards told us that patients were overall happy with the service and patients felt that access to appointment had improved since the new partners had taken over the practice. We saw evidence to support this as a practice nurse had been appointed to help meet the demands of the service. There were arrangements in place to undertake home visits to patients who were unable to attend the practice.

There were systems in place to respond to and follow up patients who did not attend their appointments (DNA). This would ensure action was taken to address DNA rates so they did not impact on the accessibility of appointments.

The practice was in the process of developing its practice website. This would ensure comprehensive information was available to patients about appointments and services available.

The practice was open Mondays, Tuesdays, Wednesdays and Fridays 8:30am to 6:30pm although it was closed for patient appointments between 1-2pm during these days. The practice was also closed for patient appointments on alternate Tuesdays from 1200pm until 2pm and Thursdays from 1pm. There was extended opening hours on Mondays from 6pm to 8.15pm which benefited working age patients.

Are services responsive to people's needs?

(for example, to feedback?)

During the period of time when the practice was closed in normal working hours the practice subcontracted GP access for patients through a local GP provider. The practice had also opted out of providing out-of-hours services to their own patients. This service was provided by an external out of hours service contracted by the CCG.

We found that the answerphone message for when the practice was closed did not provide accurate information on who patients should contact when the practice was closed out of hours. The answerphone message stated patients should contact the NHS 111 service for urgent medical assistance and when the practice was closed during normal working hours to contact the local GP provider that the practice had subcontracted services to. There were no contact details for the out of hours provider. We discussed this with the assistant practice manager who told us that the answerphone message would be updated to ensure the information was accurate.

The practice had a patient survey in progress and was looking to start a PPG and therefore had not yet reviewed the impact on patients when the practice was closed during normal working hours. This would enable the practice to assess if this affected the accessibility of appointments for patients and take into consideration patients views on the matter.

Listening and learning from concerns and complaints

There was an accessible complaints system with evidence demonstrating that the practice recorded and responded to issues raised. The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a complaints register that enabled themes, trends to be identified and acted on. Sharing of lessons learnt and discussions with staff were included in staff meetings

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 current providers Dr Sinha, Rischie, Sinha, and Shanker had taken over the practice in April 2014 as part of a 'care taking' arrangement with NHS England. Some of the challenges that the partners faced in the running of the practice were clearly evident during the inspection, the biggest challenge being the premises. It was apparent that some of the development opportunities and ideas that the partners had were restricted by ongoing issues with the lease. Feedback from patients and staff suggested that the partners had made some positive improvements and there was a sense of stability and continuity in care. The long term plans for the practice were not certain. The partners did not have a coherent business and financial plan in place in regards to taking over the practice on a permanent basis once the care taking arrangements come to an end.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff who we spoke with knew where to find these policies if required. We looked at some of these policies and procedures and found that they had been reviewed and were up to date.

The GPs at the practice attended meetings with local Clinical Commissioning Group (CCG) to ensure they were up to date with any changes. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The GPs at the practice had various lead roles in areas such as mental health and safeguarding. This provided the opportunity for staff to develop specialist knowledge and expertise.

The two GP partners at the practice worked set days a week as they also worked at Pleck Health Centre. The practice was heavily reliant on two locum GPs who were employed regularly on a full time basis. We found that the two regular locum GPs had made a positive contribution to the improvements and achievements at the practice and were very committed to delivering good patient care. However, we identified that there were areas of poor clinical governance as there were no protected learning times sessions and few formal clinical meetings.

Whilst the premises was not owned by the current providers and some of the concerns regarding the building were historical in nature at the time of our inspection they had still not been fully resolved. The providers were involved in ongoing discussions with NHS England and the landlord who owned the lease for the premises to resolve the issues. This was to enable funds to be released so that some of building work could commence. Following our inspection we were informed by NHSE England that they had commissioned work on the premises. However, we are unable to review any changes made to the premise without undertaking a further inspection.

Leadership, openness and transparency

There was a leadership structure in place and staff members who we spoke were clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We saw that team meetings were held. The practice had a whistle blowing policy and staff told us that they felt confident to raise any concerns about poor care that could compromise patient safety. Whistleblowing is when staff are able to report suspected wrong doing at work, this is officially referred to as 'making a disclosure in the public interest'.

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

The practice did not have a patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. However, plans were in place to set up a PPG and the practice was in the process of recruiting members.

The practice had started the process of collecting feedback from patients, a patient survey was in progress and we saw these were available in the patient waiting area. There was a suggestion box in the patient waiting area for patients to give feedback. There were no comments in the box on the day of our inspection and we saw minutes of meetings which reminded staff to check the box regularly so that the assistant manager could act on any feedback.

The practice had responded to some of the comments from patients. An open day was planned for November

Are services well-led?

Good 

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

2014 to provide patients with an update on the changes occurring at the practice. This was a result of feedback from patients who stated they wanted more information on changes to the practice.

Management lead through learning and improvement

The practice had gathered feedback from staff through for example 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 that the practice supported them to maintain their clinical professional development through training and support given. We looked at training records and saw that staff had received training relevant to their job however, there were gaps and updates due to ensure staff kept their skills and knowledge current.

Practice meetings provided opportunities for learning and discussion. Significant incidents and complaints were shared with staff to help ensure the practice improved outcomes for patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of suitable design and layout and adequate maintenance and, where applicable, the operation of the premises, and use of any surrounding grounds, which are owned or occupied by the service provider in connection with the carrying on of the regulated activity.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person must avoid unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provision to meet the service user's individual needs.

This section is primarily information for the provider

Compliance actions

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations
2010 Requirements relating to workers

The registered provider did not have a robust recruitment process in order to ensure that person's employed were of good character, had the qualifications, skills and experience necessary for the work to be performed and ensure that information specified in Schedule 3 was available and that a person employed for the purposes of carrying on a regulated activity is registered with the relevant professional body.