

Melbourne House Surgery

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 Melbourne House on 26 August 2015. Overall the practice is rated as good.

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

- There were procedures in place for reporting and investigating significant safety events. However these were not followed consistently and we found safety incidents which had not been investigated.
- Risks to patients were not consistently assessed and well managed. There were systems for assessing risks including risks associated with medicines, premises, and equipment. The practice did not have a business continuity plan for dealing with untoward events which may affect the day to day running of services.
- Staff were not recruited consistently. Checks such as employment references and Disclosure and Barring Services (DBS) checks had not been carried out for all staff.

- Staff who undertook chaperone duties were not trained and did not have DBS checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff had received training appropriate to their roles. However training updates and refresher training had not taken place and staff had not received an appraisal within the previous 12 months.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services.
- Patients said they found it easy to make an appointment with a named GP and that there was

Summary of findings

continuity of care, with urgent appointments available the same day. Some patients said that they sometimes had to wait past their appointment time to see their GP.

- 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.

Importantly the provider MUST:

- Ensure that risks to patients are assessed and managed. This includes ensuring that safety incidents and near misses are managed consistently with a full investigation and acted upon to minimise recurrences.

- Ensure that staff are employed with all of the appropriate checks including employment references and Disclosure and Barring Services (DBS) checks carried out.

Additionally the provider SHOULD:

- Carry out regular infection control audits to test the effectiveness of the infection prevention and control systems within the practice.
- Ensure that staff training updates are completed.
- Ensure that staff have annual appraisal.
- Develop a business continuity plan for dealing with any untoward incident which may impact on the day to day running of the practice.
- Review and amend policies and procedures so that they reflect current practices and relevant guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There were procedures in place for reporting, investigating and learning from safety incidents. However these were not consistently adhered to and there were safety incidents which had not been fully investigated.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety. The practice provided chaperones, however staff who undertook these duties were not trained and Disclosure and Barring Services (DBS) checks had not been carried out.

Staff were not recruited in line with the practice policies and procedures. Checks such as proof of identify, employment references and Disclosure and Barring Services (DBS) checks had not been carried out for staff.

Medicines were managed safely. The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

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 for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. Consent to treatment was obtained and recorded where appropriate.

The practice had a staff training programme. However we found that staff had not undertaken training updates in areas such as infection control and safeguarding. Staff had not received an appraisal within the previous 12 months.

Good



Summary of findings

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 including how they were treated by GPs and other staff. Patients who completed comment cards and those we spoke with during the inspection also confirmed that staff at the practice were respectful and caring. Patients said staff were empathetic and they never felt rushed or hurried during consultations or appointments. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The majority of 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. Patients, we spoke with during the inspection and those who completed surveys expressed satisfaction with the practice opening times and availability of appointments. Early morning appointments were available on Tuesday, Wednesday and Thursday mornings from 7am. Telephone triage with GPs were available each day to assess patients' needs and ensure that patients were offered appointments as needed. Some patients who participated in the National GP Survey 2015 said that they sometimes had to wait after their appointment time to be seen. Patients told us that they were always given enough time during consultations and that they never felt rushed.

The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were purpose built and accessible to patients with reduced mobility and parents with children. Accessible toilets and baby changing facilities were available.

Information about how to complain was available and easy to understand and evidence showed that the practice responded

Good



Summary of findings

quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide evidence based care and treatment for all patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Some of these had not been reviewed or updated so that they reflected current legislation and guidance. The practice held regular governance meetings to review performance and outcomes for patients. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on.

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 performed well in ensuring that patients received the annual seasonal flu vaccination.

The practice offered a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Patients had access to a named GP and extended appointments and home visits were available as required.

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to GP practices nationally.

Patients at risk of unplanned hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

Immunisation rates were similar to other GP practices for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Working age people (including those recently retired and students)

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

The practice was proactive in offering online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice). Extended hours were available with early morning appointments from 7am on Tuesday, Wednesday and Thursday mornings.

The practice offered a full range of health promotion and screening that reflects the needs for this age group including well man and well woman checks.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities and carried out home visits for these reviews as needed.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

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

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had a screening programme for dementia diagnosis.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with autism, mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 112 responses from 294 surveys sent out which represented 38% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was similar to local and national GP practices in a number of areas:

- 85% found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 61% found it easy to get through to this surgery by phone compared with a CCG average of 65% and a national average of 73%.
- 68% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 63% and a national average of 60%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 91% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 68% described their experience of making an appointment as good compared with a CCG average of 70% and national average of 73%.

There were two areas where patient satisfaction levels were lower than the local and national averages:

- 35% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 35% felt they didn't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

Patients we spoke with told us that they were always given enough time and that they never felt rushed or hurried during their appointments. The practice had reviewed these comments and implemented changes to help address these. Reception staff informed patients when they arrived if there were likely to be delays to help alleviate concerns improve patient's experience.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. We also spoke with seven patients on the day of the inspection. Patients commented positively about staff saying that they were polite, professional and caring. Patients said that they could get appointments that suited them and that they were happy with the care and treatments that they received.

We spoke with five patients during our inspection. They told us that they were happy with the GP practice and the care and treatment they received. Patients told us that they had no difficulties

Areas for improvement

Action the service **MUST** take to improve

- Ensure that risks to patients are assessed and managed. This includes ensuring that safety incidents and near misses are managed consistently with a full investigation and acted upon to minimise recurrences.

- Ensure that staff are employed with all of the appropriate checks including employment references and Disclosure and Barring Services (DBS) checks carried out.

Action the service **SHOULD** take to improve

- Carry out regular infection control audits to test the effectiveness of the infection prevention and control systems within the practice.

Summary of findings

- Ensure that staff training updates are completed.
- Ensure that staff have annual appraisal.
- Develop a business continuity plan for dealing with any untoward incident which may impact on the day to day running of the practice.
- Review and amend policies and procedures so that they reflect current practices and relevant guidance.

Melbourne House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Melbourne House Surgery

Melbourne House Surgery is located in a residential area in Chelmsford, Essex. The practice provides services for 6450 patients living within the Chelmsford area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Mid Essex Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and higher for older people aged over 75 years. Economic deprivation levels affecting children are slightly lower than the practice average across England and slightly higher for older people. Levels of unemployment among working aged people is higher than national averages. Life expectancy for men and women are similar to the national averages. The practice patient list has a similar to the national average for long standing health conditions and lower disability allowance claimants. The practice population of patients living in care homes at 1.8% which is higher than national which is 0.5%.

The practice is managed by two GP partners who hold financial and managerial responsibility for the practice.

There are two female and three male GPs employed. The practice also employs three salaried GPs, two practice nurses and one health care assistant and a phlebotomist. A practice manager is also employed and is supported by a team of 13 staff including receptionists, administrators and medical secretaries.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8am and 1pm, and 2pm to 6pm. Extended hours for pre-booked appointments are available from 7am each Tuesday, Wednesday and Thursday morning.

The practice has opted out of providing GP out of hours services. Unscheduled out-of-hours care is provided by Primcecare which is commissioned by Mid Essex CCG. Patients who contact the surgery outside of opening hours are provided with information on how to contact the service by telephoning the NHS 111 number. This information is also available on the practice website.

Why we carried out this inspection

We inspected Melbourne House Surgery as part of our 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. This inspection was planned to check whether the provider was 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.

Detailed findings

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)

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 26 August 2015. During our visit we spoke with a range of staff including GP's nurses, healthcare assistants, receptionists and administrative staff. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. There was a system in place for reporting and recording significant events and other safety related incidents. The practice had procedures in place for reporting safety incidents and all staff we spoke with were aware of these procedures and the reporting forms. However we found that not all safety related incidents were reported, investigated and learning shared with staff. We saw that one significant event had been raised and reviewed within the previous 12 months. This related to a member of staff failing to accurately record detail within a patient record. We saw that learning from this incident had been shared with staff.

We looked at the minutes from staff meetings and these referred to other safety incidents such as one where the incorrect immunisations had been administered. We saw that while learning had been shared, this event had not been investigated to determine what actions should be taken to minimise any recurrence.

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated.

Overview of safety systems and processes

The practice had systems, processes and practices to keep people safe. For example:

- Arrangements were in place to safeguard adults and children from abuse. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe. There was a lead member of staff

who was responsible for overseeing safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment was in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella.
- The practice had policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place. No infection control audits had been carried out to test the effectiveness of the infection control procedures. Staff received infection control training; however this had not been updated. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections
- The practice had arrangements for the safe management of medicines, including emergency drugs and vaccines. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff checked these regularly. Vaccines and other temperature sensitive medicines were stored in fridges and temperatures were monitored daily to ensure that they were appropriate.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice

Are services safe?

guidelines for safe prescribing. The practice performance for prescribing antibiotics and antidepressants / sleeping tablets was above or in line with local CCG guidelines. GPs we spoke with said that all routine and new prescriptions were checked and authorised before they were issued by the prescriptions clerk.

- New staff undertook a period of induction to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill 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.

However some processes and practices were not clearly defined and not all were embedded in practice to keep people safe. For example:

- The practice had a policy in place for providing chaperones during examinations. A notice was displayed in the waiting room and information was available on the practice website advising patients that chaperones were available, if required. Staff we spoke with and records we viewed showed that staff who acted as chaperones had not undertaken training for the role and had not received a Disclosure and Barring Service check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Firefighting and detecting equipment was in place and checked regularly. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various

areas throughout the premises. The practice fire safety policy and procedure had not been reviewed within the previous two years and staff had not received fire safety training.

- The practice had policies and procedures for employing clinical and non-clinical staff. However these were brief and did not set out the range of checks to be carried out when recruiting new staff. We reviewed 19 staff files including those for six members of staff who had been employed within the previous 12 months. Appropriate recruitment checks had not been carried out prior to staff being employed. Proof of identification, references, evidence of qualifications, and checks through the Disclosure and Barring Service had not been undertaken prior to employment.

Arrangements to deal with emergencies and major incidents

There were policies and procedures in place for dealing with medical emergencies and major incidents. All staff received basic life support training and were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use. 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 equipment was regularly checked to ensure that it was fit for use.

The practice did not have a business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. GPs within the practice had lead roles and specialist interests including paediatric care, diabetes, dementia and mental health.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013/14 showed;

Performance for the treatment and management of diabetes was;

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 68% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 64% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 62% compared to the national average of 81%

These checks help to ensure that patient's diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performed well for the treatment of patients with hypertension (high blood pressure) whose blood pressure was within acceptable limits was 81% compared to the national average of 83%.

The practice had also performed well in treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 100% compared to the national average of 98%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of audits which had been completed within the previous 12 months. One audit had been carried out to review the practice performance in prescribing. The audit looked at antibiotic and antidepressant prescribing and the results demonstrated that the practice prescribing was in line with the local CCG guidance and best practice.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures.
- The practice had a programme for staff training that included safeguarding, fire safety, information governance and confidentiality. However we found that training updates for staff were overdue for a number of training topics including infection control and safeguarding adults and children.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller

Are services effective?

(for example, treatment is effective)

assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Coordinating patient care and information sharing

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that written consent was obtained before GPs carried out treatments including joint injections. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for procedures including joint injections that this was recorded correctly within the patients' medical record.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a screening programme. The practice's uptake for the cervical screening programme for 2013/14 was 81%, compared to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given and flu vaccination rates for patients over 65 years were comparable to national averages in 2013/14. For example,

- The percentage of childhood Meningitis C immunisation vaccinations given to under one year olds was 79% compared to the CCG percentage of 84%.
- The percentage of childhood MMR vaccination (MMR) given to under two year olds was 95% compared to the CCG percentage of 94%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was the same as the CCG percentage of 97%.
- Flu vaccination rates for the over 65s were 72%, and at risk groups 42%. These compared with the national averages of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Telephone calls were handled from a room separate from the reception area so as to help maintain confidentiality. Staff told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

All of the 10 CQC patient comment cards we received were positive about the service they received. Patients said they felt the practice offered a caring service. A number of patients commented that staff were respectful and polite. Patients said that they were listened to, treatments were explained clearly to them and that they could make decisions about their care and treatment. We spoke with five patients on the day of our inspection. They also told us they all staff showed empathy and that they never felt rushed or hurried during their consultations.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to other GP practices both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 89% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%

- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 94%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average and national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us GPs and nurses explained their health conditions and treatments clearly. They told us that were given enough time to discuss their care and treatment and to ask any questions. Patients said that they were involved in decision making about the care and treatment they received. Patient feedback on the 10 CQC comment cards we received was also positive and echoed these views and levels of satisfaction.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%

Staff told us that the majority of their patients were English speaking. They said translation services were available for patients who did not have English as a first language and information on how to access these services were available to staff.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling, cancer support and bereavement services.

Are services caring?

The practice identified patients who were also a carer at the point of their registration. This was through a face –to-face consultation to help identify patient’s specific needs. There was a practice register of all people who were carers. This information was used on the practice’s computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they would contact patients to offer an appointment or visit patients where this was more appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. There were plans in place to meet the increased demands for GP services with the planned housing developments in the local area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- Extended opening hours were available from 7am each Tuesday, Wednesday and Thursday mornings.
- Additional GP and nurse appointments were available at busier times such as Monday mornings.
- A call back / triage system was operated each day with all GPs providing this service in the mornings. The duty doctor carried out telephone triage in the afternoons. This helped to ensure that all patients who needed to be seen were offered an appropriate appointment.
- There were longer appointments available for patients including those with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities, hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm every morning and 2pm to 6pm daily. Early morning pre-booked appointments were available between 7am and 8am on Tuesdays, Wednesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent same day appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 68% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 91% patients said the last appointments they go was convenient compared to the CCG average of 91% and national average of 92%
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.

The practice had performed less favourably for some aspects of access to the services:

- 35% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 35% felt they didn't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

Patients told us that they were always given enough time during their appointments and that they never felt rushed or hurried. The practice demonstrated that they were working to make improvements in these areas informed patients when they arrived for appointments if there was likely to be a delay. We observed reception staff explain waiting times to patients during the inspection.

Listening and learning from concerns and complaints

The practice had a 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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This information was displayed in the waiting area and included in the patient leaflet and on the practice website. There was an audio version of the information on how to complain on the practice website. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the five patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw that all complaints received either verbally or in writing were responded to and an apology given. The practice manager told us that complainants were invited to

Are services responsive to people's needs? (for example, to feedback?)

meet with GPs to discuss concerns if they wished to. We looked at sample of complaints received in the last 12 months. We saw that complaints were acknowledged, investigated and a full response and apology given. Complaints were dealt with in a timely way. We saw that these demonstrated openness and transparency.

Lessons were learnt from concerns and complaints and these were shared with staff in clinical and non-clinical meetings. Action was taken to address concerns raised by patients 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 and ethos to deliver high quality evidence based care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a future planning strategy and supporting business plans which reflected the changing needs and demands of the local population and changes within the practice including succession planning and recruiting to cover vacancies arising from staff retirement.

Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and accountability.
- Clinicians had lead roles and special interests in a number of long term conditions to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. Some policies had not been reviewed recently to ensure that they reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.

Leadership, openness and transparency

The partners in the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. The partners were visible in the practice and staff told us that they were approachable, accessible and that they listened.

A range of clinical and general practice meetings were held weekly and monthly during which staff could raise issues and discuss ways in which the service could be improved. 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. Patients could also contribute to the development of the practice through the patient participation group.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that over 90% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients were not protected against the risk of harm because; Safety events and near misses were not managed consistently with a full investigation and learning shared so as to make improvements and help minimise recurrences.. Regulation: 12(1) (2) (a)(b)(c) |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not consistently followed so that all of the required checks were carried out when staff were employed at the practice. Regulation 19 (1)(2)(3) |