Friern Barnet Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Friern Barnet Medical Centre on 1 July 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to the safe storage of vaccines and infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients we spoke with on the day expressed some concerns about phone access but were otherwise positive about how they were able to get appointments when they needed them.
- 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.

Summary of findings

Importantly the provider must:

- Ensure that vaccines are safely managed and stored.
- Ensure that appropriately signed Patient Group Directions (PGDs) are on file for the practice nurse and that appropriately signed Patient Specific Directions (PSDs) are on file for the health care assistant; to ensure the safety of vaccinations being given.
- Ensure that annual infection prevention and control audits take place in order to identify and act on infection risks.

In addition, the provider should:

- Review the practice's complaint system to ensure that learning from complaints is used to improve the quality of care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, we identified concerns with vaccines storage, an absence of annual infection prevention and control audits and an absence of Patient Group Directions and Patient Specific Directions. Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Are services effective?

Good

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

Are services caring?

Good

The practice is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. However,GP patient survey data showed that patients rated the practice lower than others for GPs involving them in decisions about their care.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Patients we spoke with and comment cards we reviewed were positive on the overall experience of making an appointment.

Are services well-led?

Good

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

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had 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.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice nurse had a lead role in chronic disease management. 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.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered urgent appointments and GP led telephone triage and was also proactive in offering online services such as repeat prescriptions; as well as a full range of health promotion and screening that reflected the needs of this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good

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 those who had experienced domestic violence and those with a learning disability (for whom longer appointments were offered). The manager of a local care home where several patients with a learning disability lived was positive about care and treatment provided by the practice.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It also 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 mental health needs and Dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The latest national GP patient survey (published July 2015) showed that other than patients experience of making an appointment, the practice was generally performing in line with local and national averages. There were 115 responses and a response rate of 35%.

- 62% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 81% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 57% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 49% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 42% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received; with key themes being that staff were respectful, that they listened and were compassionate. We also spoke with six patients. They spoke positively about the care and treatment they received.

Areas for improvement

Action the service MUST take to improve

- Ensure that vaccines are safely managed and stored.
- Ensure that appropriately signed Patient Group Directions (PGDs) are on file for the practice nurse and that appropriately signed Patient Specific Directions (PSDs) are on file for the health care assistant; to ensure the safety of vaccinations being given.
- Ensure that annual infection prevention and control audits take place in order to identify and act on infection risks.

Action the service SHOULD take to improve

- Review the practice's complaint system to ensure that learning from complaints is used to improve the quality of care.

Friern Barnet Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a second CQC inspector, GP specialist adviser and a practice nurse specialist adviser.

Background to Friern Barnet Medical Centre

Friern Barnet Medical Centre is located in Barnet, North London. The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services. Friern Barnet Medical Centre is a training practice for trainee GPs.

The practice is open between 8.30am to 1.00pm and 2.00pm to 6.30pm Monday to Friday (except Thursday when it is open until 1.00pm). Outside of these times, cover is provided by an out of hours provider. Appointment times are as follows: Monday, Tuesday, Wednesday and Friday 9.00am to 12.00pm and 3.00pm to 5.30pm; Thursdays 9.00am-12.00pm. In addition to pre-bookable appointments, urgent appointments are also available for people that need them.

The practice has a patient list of approximately 6,400. Approximately 13% of patients are aged 65 or older and approximately 17% are under 18 years old. Forty nine percent have a long standing health condition and 11% have carer responsibilities.

The services provided include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions clinics. The staff team comprises two partner GPs (one male, one female), four part time salaried GPs (two female, two male), one female practice nurse, one female health care assistant, practice manager and a range of administrative staff.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures, maternity and midwifery procedures and surgical procedures.

Why we carried out this inspection

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

How we carried out this inspection

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?

Detailed findings

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 1 July 2015 During our visit we spoke with a range of staff including GPs, practice nurse and practice manager; and spoke with six patients who used the service. We observed how people were being cared for and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident whereby a set of prescription pads had been lost, the practice had worked with NHS England to review and improve systems for the secure storage of prescription pads.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

We looked at systems, processes and practises in place to keep people safe. We noted the following:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the partner GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice nurse had received training within the last 12 months and cascaded the training to practice staff. There was an infection control protocol in place but the practice could not demonstrate that it undertook annual infection control audits to identify and act on infection control risks.
- The arrangements for managing medicines, including emergency drugs and in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Records showed that four of the practice nurse's Patient Group Directions (PGDs) were out of date by three years. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The practice nurse was therefore not legally able to administer these medicines.

We also noted that one of the health care assistant's Patient Specific Directions was not signed. PSDs are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. When we pointed this out, the practice told us that they would take immediate action regarding PGDs and PSDs.

- We identified concerns with the arrangements for managing vaccines. The practice was only recording actual fridge temperatures and not the minimum and

maximum fridge temperatures. Recording minimum and maximum fridge temperatures is important because most vaccines must be stored between 2-8°C at all times in order to ensure their effectiveness. Daily actual temperature recordings only show the temperature at that specific time. We told the practice of our concerns on the day of the inspection and notified Public Health England shortly thereafter.

- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with 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. For example, GPs were aware of new NICE guidelines on cardio vascular risk assessments.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF) 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. Current results were 98.9% of the total number of points available, with 4.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators was 95% which was 4% above the CCG and national averages
- Performance for hypertension related indicators was 100% which was 10% above the CCG average and 12% above the national average.
- Performance for mental health related indicators was 92.5% which was the same as the CCG average and 2% above the national average
- 90% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months which was 7% above the national average.

Two clinical audits had been started in the last twelve months. The first audit (which was a completed two cycle audit) had been triggered by NICE guidance which recommended switching patients from blood thinning medicine X to medicine Y. The first audit cycle audit showed that 33% of patients' medicines had been switched. Following practice activity the second stage showed that 65% had been switched. The second audit was ongoing and was auditing the appropriateness of medicines being prescribed to patients aged 80 years and older. The first audit cycle highlighted that 89% of patient medicines were appropriate.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training such as lunchtime medical education seminars.

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. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

Good

Are services effective?

(for example, treatment is effective)

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. GPs we spoke with demonstrated an understanding of Gillick competencies, which help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Patients who may be in need of extra support such as survivors of domestic violence were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 80% and 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 were comparable or above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 94% and five year olds from 87% to 92%. Flu vaccination rates for the over 65s were 77%. These were also generally above CCG and national averages.

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

Good

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 and that they were treated with dignity and respect. 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. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. However, this was not advertised in the reception area.

All of the 34 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The manager of a local care home where several patients with a learning disability resided was positive about care and treatment provided by the practice.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors but above average for its satisfaction scores on consultations with the practice nurse.

- 75% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 86% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 73% 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%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. However, these results were below local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that interpreting services were available for patients who did not have English as a first language but we did not see this service advertised in reception.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 11% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

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. For example, a recent prescribing audit had been triggered by discussions with the CCG's prescribing team.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people 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.
- Repeat prescribing was offered for patients who could not get to the practice during the day such as carers and others working in the day.
- There were disabled facilities including step free access, hearing loop and lowered reception desk for wheelchair users.
- Male and female doctors were available.
- Online appointment booking and repeat prescriptions were also available.

Access to the service

The practice was open between 8.30am to 1.00pm and 2.00pm to 6.30pm Monday to Friday (except Thursday when it is open until 1pm). Outside of these times, cover was provided by an out of hours provider. Appointment times are as follows: Monday, Tuesday, Wednesday and Friday 9am to 12.00pm and 3.00pm to 5.30pm; Thursdays 9.00am-12.00pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day.

Patients we spoke with on the day expressed concerns about phone access but were otherwise positive about how they were able to get appointments when they needed them.

However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. For example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 62% of patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 57% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 49% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

We asked the practice what changes had taken place in response to these satisfaction scores. They told us that they had increased the number of phone lines and also modified the phone system so that patients heard their position in the queue and not just an engaged tone. We were also told that a new doctor led triage system enabled allocating appointments to patients with genuine urgent medical problems and offering a telephone consultation or routine appointment for less urgent medical problems. PPG members confirmed they had been involved in these changes.

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 (such as posters displayed in reception and information posted on the practice website). Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at nine complaints received in the last twelve months and found that these were satisfactorily handled and dealt with in a timely way in accordance with the practice complaints policy. However, there was no record of how lessons were learnt from complaints or of resulting actions taken to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to treat patients and staff with compassion and to deliver patient centred care. The practice did not have a documented business plan but all staff we spoke were clear on this vision.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of infection prevention and control and vaccines safety.

However, we noted that there was no record of how lessons were learnt from complaints or of resulting actions taken to improve the quality of care.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Staff told us that they were approachable and always took the time to listen. For example, a GP trainee spoke positively about the support they received. Staff told us that the partners encouraged a culture of openness and honesty.

Staff told us they had the opportunity to raise any issues at regular team meetings and were confident in doing so and felt supported if they did. We also noted that informal team away days/social events were held approximately every six months. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

We spoke with five PPG members who were positive about how the group's views had been acted upon (for example regarding changes to the phone appointments system).

The practice also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff told us how they had contributed to changes in the appointments phone system. They felt involved in 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 **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment** **How the regulation was not being met:** **The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.** **They had failed to ensure that vaccines were safely managed and stored; and that the fridge temperature was maintained within safe limits to ensure the efficacy of vaccines and immunisations given. They had also failed to identify the risks to patients associated with not having appropriately signed patient specific directions and patient group directions on file respectively for its health care assistant and practice nurse. They had also failed to identify the risks to patients associated with not having an adequate system in place for ensuring that annual infection prevention and control audits took place.** **This was in breach of regulation 12 (1) (2) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**