

Dr RC Rautray's Practice

Quality Report

Primrose Bank Medical Centre
Blackburn
Blackburn with Darwen
BB1 5ER
Tel: 01254 672132

Date of inspection visit: 30 August 2016
Date of publication: 05/10/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr RC Rautray's Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr RC Rautray's Practice on 30 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- The practice had good policies for the recruitment of staff, however, practice staff files were not standardised and did not contain the relevant documents according to practice policy.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Some information coming into the practice regarding patient non-attendance at outside appointments was not routinely seen by GPs.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Complete a risk assessment for the presence of legionella at both the main surgery and branch surgery buildings.
- Ensure that emergency medicines are sufficient to meet patient needs in the event of an emergency situation.
- Ensure the safe management of medicines by putting processes in place to ensure that the practice responds to patient medication alerts received by the practice. Also ensure that the issue of prescriptions to GPs for home visits from prescription pads is limited and monitored.

- Ensure that persons providing care or treatment have the qualifications, competence, skills and experience to do so safely, particularly in relation to the employment of locum GPs.

The areas where the provider should make improvement are:

- Review all staff files to allow for information to be retained in a way that reflects practice policy.
- Arrange for relevant post relating to patients not attending appointments outside the practice to be seen by the GPs.
- Implement accurate and regular checks of the practice defibrillator.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. The practice did not carry out appropriate checks before the employment of locum GPs. Also there was no legionella risk assessment for the building or for the branch surgery (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had not carried out any risk assessments for the medicines that it carried to treat medical emergencies and the practice defibrillator had not been accurately checked to ensure that it was working. Although medication alerts coming into the practice were circulated to all relevant staff there was no person with overall responsibility to ensure that any actions associated with them were implemented.
- The practice had policies for the recruitment of staff, however, practice staff files were not standardised and did not contain the relevant documents as stated in the practice policy.
- The supply of loose prescription forms were kept safe but whole prescription pads were issued to GPs for use on home visits and serial numbers of individual forms were not recorded as they were used.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information coming into the practice was generally available to relevant staff however administrative staff removed some items of post before sending it to GPs. This included details of patients who had not attended appointments outside the practice.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. They told us that staff responded compassionately when they needed help and provided support when required.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice hosted an annual event to raise funds for a national charitable organisation.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 practice was working with other practices in the area and the CCG to produce a shared approach to providing patient services.
- Patients said they found it fairly easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had recognised that there were increased numbers of patients with dermatitis and one of the practice GPs had responded to this by undertaking the Cardiff diploma in dermatology and attaining specialist knowledge in the subject.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there was no allocated responsibility to ensure action had been taken in relation to patient medication alerts.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A memory screening service was available on the premises each week.
- GPs telephoned patients recently discharged from hospital to ensure that their needs were met and reviewed care plans.
- The practice encouraged the uptake of the national bowel screening service. It supplied additional screening kits to patients who had failed to take up the first invitation to participate in the programme.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the local and national averages. For example, the percentage of patients who had their blood sugar levels well-controlled was 73% compared to the local and national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 64% compared to the local average of 81% and national average of 78%. The practice told us it was working to improve these figures and we saw evidence of some improvement.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 64% which was the same as the local average and lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Testing for chlamydia was available at the practice with kits available from the practice if patients preferred to test at home.
- All staff had received training on patient breastfeeding issues.

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).

Good



- 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 offered a "Commuter's Clinic" on Tuesday until 8pm and Wednesday until 7.30pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.
- The patient self-check-in screen was available in several languages and patients were able to select the appropriate one before they started to use it.
- People from a local women's refuge were seen at the practice as temporary residents.
- The practice identified vulnerable patients who could benefit from a home visit from a national charity to address social care needs. These patients were referred to the charity who referred to other social care services as needed.

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).

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 90% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing sometimes above and sometimes below local and national averages. A total of 334 survey forms were distributed and 122 were returned. This represented 2.5% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the local average of 75% and national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and national averages of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the local average of 86% and national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, 27 of which were positive about the standard of care received. Patients said that staff were kind and professional and always willing to help. Three cards mentioned that there could be wait in the surgery to be seen for a booked appointment and two of these also said that they had had problems booking an appointment.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients mentioned poor staff attitude on one occasion. From the most recent published results of the practice friends and family test, 86% of patients would recommend the practice based on 28 responses.

Areas for improvement

Action the service **MUST** take to improve

- Complete a risk assessment for the presence of legionella at both the main surgery and branch surgery buildings.
- Ensure that emergency medicines are sufficient to meet patient needs in the event of an emergency situation.
- Ensure the safe management of medicines by putting processes in place to ensure that the practice responds to patient medication alerts received by the practice. Also ensure that the issue of prescriptions to GPs for home visits from prescription pads is limited and monitored.

- Ensure that persons providing care or treatment have the qualifications, competence, skills and experience to do so safely, particularly in relation to the employment of locum GPs.

Action the service **SHOULD** take to improve

- Review all staff files to allow for information to be retained in a way that reflects practice policy.
- Arrange for relevant post relating to patients not attending appointments outside the practice to be seen by the GPs.
- Implement accurate and regular checks of the practice defibrillator.

Dr RC Rautray's Practice

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 and a second CQC inspector.

Background to Dr RC Rautray's Practice

Dr RC Rautray's Practice, also known as Primrose Bank Medical Centre, is housed in a purpose-built two-storey building close to the town centre of Blackburn at Larkhill, Blackburn, BB1 5ER. There is a branch surgery in Ewood at 461 Bolton Road, Ewood, BB2 4HY. The main surgery building was constructed in 1999 and extended in 2006. It provides patient facilities of a waiting area, two treatment rooms and five consulting rooms all on the ground floor. The practice provides level access for patients to the building with automated entry doors. There is parking provided at the front and to the side of the building and the practice is close to public transport.

For the purposes of this inspection we only visited the main surgery site.

The practice is part of the Blackburn with Darwen Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS).

There are three male GP partners and one female salaried GP. There is also one practice nurse. A practice manager, a deputy practice manager and nine administrative and reception staff support the clinical team.

The main practice is open from 8am to 6.30pm every day from Monday to Friday and extended hours are offered on

Tuesday from 6.30pm to 8pm and on Wednesday from 6.30pm to 7.30pm. Appointments are available from 8.45am every day except Thursday when they start at 9am and finish at 5.50pm on Mondays and Fridays, 7.50pm on Tuesdays and 7.20pm on Wednesdays. There is no bookable afternoon surgery on a Thursday when appointments finish at 11.35am.

The branch surgery at Ewood is open on Monday and Friday mornings between 8.30am and 12.30pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider East Lancashire Medical Services by telephoning 111.

The practice provides services to 4,872 patients. The practice profile showing patient age distribution is similar to the national profile. There are slightly more patients aged under 18 years of age (24%) compared to the national average of 21% and fewer patients aged over 65 years of age (14%) compared to the national average of 17%.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is lower than the local and national average, 81 years for females compared to 83 years nationally and 76 years for males compared to 79 years nationally.

The practice caters for a lower proportion of patients experiencing a long-standing health condition than average practices (48% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (69%) than the CCG average of 57% and national average of 62% and unemployment figures of 5% are lower than the CCG average of 7% and the same as the national average.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, one practice nurse, the practice manager, the deputy practice manager and two members of the practice administration team.

- Spoke with seven patients who used the service including three members of the practice patient participation group (PPG).
- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Reports of these with actions taken and lessons learned were held on computer and also in printed form in a file in the reception office.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a refrigerator failed in the practice, a new one was purchased and the practice reviewed the amounts of medications ordered at one time to reduce the amount kept in the practice.

Medication alerts coming into the practice were circulated to GPs and kept in a file for locum GPs. We saw evidence that these alerts were sometimes discussed at clinical meetings, however, there was no overall process to deal with them systematically and no staff member with the responsibility to ensure that they had been actioned.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the practice nurse to level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The last chaperone training for staff was in May 2013. The practice told us they intended to update this shortly.
- The practice maintained appropriate standards of cleanliness and hygiene. 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. There was an infection control protocol in place and staff had received up to date training. The practice had recently undertaken an infection control audit and told us that they intended to repeat this annually. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The local clinical commissioning group (CCG) pharmacist carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Spare blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, complete pads of prescriptions had been issued to GPs and these were kept for use at home visits by the GPs who used them rarely. Serial numbers of individual

Are services safe?

forms were not recorded as they were used. One GP told us that they were still using the pad of prescriptions that they had been issued with five or six years ago. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment for all staff except for locum GPs. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, appropriate checks had not been carried out prior to the employment of locum GPs. The practice told us that they only used GPs who were already working in the local area and had been looking to obtain all of the relevant documents and we saw evidence of this. The practice staff files were also not standardised and did not contain the relevant documents according to practice policy. For example, there was no application record or interview notes in the files that we reviewed and only one file with a job description.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control however, there was no legionella risk assessment for the building or for the branch practice (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty. Staff generally covered staff absence for holidays and sickness. The practice was aware that it needed further practice nursing hours and had been advertising for another nurse for over eight months. They had not been successful in recruiting someone to the post.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, the practice did not carry a stock of all recommended emergency medicines and had not risk assessed this. For example, the practice did not carry enough medication to treat an adult with suspected meningitis in an emergency situation.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the defibrillator had not been documented as systematically checked as working before August 2016 when it had been recorded on three occasions as in good order. When we checked it at inspection, six days after the last check, we found that it had not been closed properly. When we closed it, it showed that the battery needed replacing. After the inspection, the practice found that the battery was good and that the equipment had not been reset following a battery replacement in May 2016.
- A first aid kit and accident book were 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 stored securely.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.8% of the total number of points available. Exception reporting figures for the practice were lower than the clinical commissioning group (CCG) averages and higher than national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice exception reporting figure overall was 10% compared to the CCG average of 11.1% and the national average of 9.2%.

This practice was generally not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was lower than the local and national averages. For example, the percentage of patients who had their blood sugar levels well-controlled was 73% compared to the local and national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 64% compared to the local average of 81% and national average of 78%. The practice was aware of these figures and had been working to improve on them. We saw figures that current levels of achievement (2015/16) for diabetic patients with well-controlled

blood sugar levels was 75% and for those patients with blood pressure readings with recommended levels, the level was 67% although these figures were not validated.

- Performance for mental health related indicators was in line with the local and national averages. For example, 90% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 92% and national average of 88%, and 83% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 88% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. In addition, the practice carried out medication audits aided by the CCG pharmacist and we saw evidence of improvements in practice prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included better identification and management of patients with hypertension.

Information about patients' outcomes was used to make improvements such as raising awareness of the symptoms presented by certain cancers amongst clinicians and patients so that they could be referred in a timely way for urgent diagnosis and treatment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Practice administration staff received training in areas of customer care and all staff had training in patient breastfeeding issues.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house and external training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. However, administration staff removed details of patients not attending for appointments outside the practice from the post before it was sent to GPs. This meant that patients could be missed from being reviewed for further referral or treatment.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. They also shared patient information with out of hours services including care plans for vulnerable patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. GPs

telephoned patients recently discharged from hospital to ensure that their needs were met and reviewed care plans. Meetings took place with other health care professionals on a six-weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients suffering from memory loss. Patients were signposted to the relevant service.
- A memory screening service was available weekly on the premises and smoking cessation advice was available from a local support group. A mental health counsellor also visited the practice.

The practice's uptake for the cervical screening programme was 64% which was the same as the CCG average but lower than 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 had tried to encourage patients further by using a new letter that they had devised for patients. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. They had recognised that figures for this were poor compared to local and national averages and put alerts on the records of patients who had not taken up the offer of bowel screening. They then encouraged them to attend and gave out a new screening kit to patients who agreed. The practice told us that they were planning to use alerts for patients who did not attend for breast screening in the future.

Childhood immunisation rates for the vaccinations given were generally better than CCG averages. For example,

childhood immunisation rates for the vaccinations given to one year olds ranged from 98% to 100% compared to national figures of 94% to 96% and for those given to five year olds from 90% to 94% compared to 73% to 95% nationally.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Of the 28 patient Care Quality Commission comment cards we received, 27 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. Many patients praised the kindness and professionalism of staff. Three cards mentioned that there could be a wait in the surgery to be seen for a booked appointment and two of these said that they had had problems booking an appointment.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice hosted an annual event to raise funds for a national charitable organisation. They shared responsibilities within the team to organise activities for the event and hosted a coffee morning with fund raising elements such as a raffle and cake sale.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area in different languages and the GPs also spoke languages other than English.
- Information leaflets were available in easy read format.

The practice provided photographs of practice staff in the waiting area to introduce staff to patients.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice did not have its own website and information about support groups was available on the practice NHS Choices website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (0.5% of the practice list). The practice was aware that this was a low figure and was working to identify carers better. A member of the local carers support organisation had visited the practice to talk to staff, there was a large display in the reception area devoted to carers and two members of staff acted as links to the local carer support organisation. Carers were invited to the practice for influenza vaccinations every year and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them advice on how to find a support service. This call could then be followed by a patient visit to meet the family's needs and sometimes by attendance at the funeral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was working with other practices in the area and the CCG to consider a joint arrangement to provide patient services. New premises for this joint working arrangement were also under consideration.

- The practice offered a 'Commuter's Clinic' on Tuesday until 8pm and on Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with complex needs. Patients with a learning disability were invited for an annual health check using letters recommended by the local learning disability service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice identified vulnerable patients who could benefit from a home visit from a national charity to address social care needs. The practice referred patients to the charity who contacted the patients, visited them and referred to other social care services as needed.
- There were disabled facilities, a hearing loop and translation services available.
- The patient self-check-in screen was available in several languages and patients were able to select the appropriate one before they started to use it. Figures showed that over 50% of patients used this screen to book into their appointment.
- The practice had recognised that there were increased numbers of patients with dermatitis and one of the practice GPs had responded to this by undertaking the

Cardiff diploma in dermatology and attaining specialist knowledge in the subject. The practice used this specialist knowledge to reduce referrals to dermatology at the hospital.

- Testing for chlamydia was available at the practice with kits available from the practice if patients preferred to test at home.
- The practice booked appointments for vulnerable patients needing hospital appointments who would find it difficult to book themselves.
- People from a local women's refuge were seen at the practice as temporary residents.

Access to the service

The main surgery was open from 8am to 6.30pm every day from Monday to Friday and extended hours were offered on Tuesday from 6.30pm to 8pm and on Wednesday from 6.30pm to 7.30pm. Appointments were available from 8.45am every day except Thursday when they started at 9am and finished at 5.50pm on Mondays and Fridays, 7.50pm on Tuesdays and 7.20pm on Wednesdays. There was no bookable afternoon surgery on a Thursday when appointments finished at 11.35am. The surgery remained open on a Thursday afternoon and emergency appointments were available for patients who needed them.

The branch surgery was open on Monday and Friday mornings between 8.30am and 12.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available every day for people that needed them. If the practice became very busy, patients needing an urgent appointment could be seen by a GP working in one of three other local practices.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or higher than local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the local and national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the local average of 75% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Patient requests for home visits were listed in the doctor's communication book and given to the on call GP to assess the urgency of need. The GP usually contacted the patient first before visiting. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and practice staff knew how to access the local acute visiting service should a home visit request be made while the GPs were seeing patients.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There were separate forms available to summarise written and verbal complaints including learning points and any changes made to practice.
- There was a designated responsible person, the practice manager, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster displayed in the patient waiting area and leaflets available.

We looked at two complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff were given the opportunity to discuss areas of professional practice with peers to improve communication with patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which staff knew and understood the values of the practice.
- The practice was working with other practices in the area and the CCG to consider a joint arrangement to provide patient services. New premises for this joint working arrangement were also under consideration. The practice told us that it was hoped that this would give better access for patients, better sustainability of services and better quality of services.
- The practice was planning for the salaried GP to become a partner in the practice.

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 generally ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, no overall responsibility had been allocated for the management of alerts coming into the practice relating to patient medications.
- Practice specific policies were implemented and were available to all staff. There was a strong system in place for the regular review of practice policies and procedures.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although the practice had not carried out a risk assessment for the medications that it carried to deal with medical emergencies.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. There was a team social event funded by the practice every year and staff turnover was low.
- 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.

The practice engaged with the local community. It held an annual Christmas carol event with local schools in the area to which patients were invited.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met twice a year and submitted proposals for improvements to the practice management team. For example, the PPG requested that the patient self-check-in screen be reinstated after it was removed because of computer problems. The practice purchased new software and reintroduced the system for patients. They had also requested better online access to appointments and the surgery made more appointments available.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. They were part of the new project to deliver joint practice working in the area.

The practice had recognised that there were increased numbers of patients with dermatitis and one of the practice GPs had responded to this by undertaking the Cardiff diploma in dermatology and attaining specialist knowledge in the subject.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice had not carried out a legionella risk assessment for the main or branch surgeries.</p> <p>There was no risk assessment for the medicines carried by the surgery to treat patient emergencies and no system in place for accurate and regular checking of the practice patient defibrillator.</p> <p>The practice had not ensured that the locums employed had the qualifications, competence, skills and experience necessary to provide safe care and treatment before their employment.</p> <p>The practice had not ensured that patient medication safety alerts were actioned and there was insufficient monitoring of prescription pads.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	