

Fishermead Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Fishermead Medical Centre on 11 February 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of good. This was based on four of the five domains and all six population groups we looked at achieving the same good rating.

Our key findings were as follows:

- Appointments, including those required out of normal working hours or in an emergency were available.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt they were seen by courteous and helpful staff. Patients reported feeling satisfied with the care and service they received.

- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance and completed clinical audit to further improve patient care.
- The management and meeting structure ensured that clinical decisions were reached and action was taken.
- There was no clear system in place to record the amount and type of medicines and vaccinations kept at the practice. Some of the medicines and medical consumables we checked were beyond their expiry dates or stored out of their sterile packaging.

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

Importantly, the provider must:

- Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of medicines and vaccinations

Summary of findings

kept at the practice. All medicines and medical consumables, including those kept with emergency equipment, must be within their expiry dates and stored appropriately.

In addition the provider should:

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully audited.
- Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal within the practice's own timescales.
- Ensure there is a structured approach to multi-disciplinary meetings for all patients with complex health issues.
- Ensure that all staff complete the training relevant to their roles, which may include the application of the Mental Capacity Act (2005).
- Ensure that every reasonable and affordable effort is made to expand or redesign the practice to ensure the privacy and dignity of patients is maintained at all times.

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 safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that all staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. The practice was clean and infection control processes were adhered to. Systems to ensure that all staff employed at the practice received the relevant recruitment checks were in place at the time of our inspection visit. Arrangements were in place for the practice to respond to foreseeable emergencies. There was no clear system in place to record the amount and type of medicines and vaccinations kept at the practice. Some of the medicines and medical consumables we checked were beyond their expiry dates or stored out of their sterile packaging.

Requires improvement



Are services effective?

The practice is rated as good for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a programme of clinical audit at the practice to further improve patient care. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. There was a mixed response from clinical staff about the process used at the practice to obtain patient consent and the requirements of the Mental Capacity Act (2005). Following our inspection visit, the practice arranged training on this for all staff. The skills, abilities and development requirements of most staff were appraised.

Good



Are services caring?

The practice is rated as good for caring. On the day of our inspection visit, we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Throughout the period of our inspection process, patients told us they felt listened to and included in decisions about their care. Accessible information was provided to help patients understand the care available to them.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities. At the time of our inspection visit, patients reported adequate access to the practice. Appointments, including those required in an emergency were available. Some additional access to services for those who found attending in normal working hours difficult was available. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Good



Are services well-led?

The practice is rated as good for well-led. Staff felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. The practice's annual review of incidents and events consolidated their learning from them. The practice sought feedback from patients and staff and listened to representatives of the patient population. Staff were supported by management and a system of policies and procedures that governed activity.

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 population group of older people. The practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for patients with dementia and end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. Patients with diabetes received a review every six months. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long term conditions such as asthma, diabetes and chronic heart disease.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and protecting patients at risk of abuse. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours. A range of contraceptive and sexual health services were available at the practice. The premises was suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of working age people (including those recently retired and students). The practice offered online services such as appointment booking and repeat prescriptions. The practice encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided). There was some additional out of working hours access to meet the needs of working age patients with extended opening hours every Monday until 8.15pm. Routine health checks were also available for patients between 40 and 74 years old.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of some patients living in vulnerable circumstances including those with learning disabilities. Patients experiencing a learning disability received annual health checks. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Staff knew how to recognise signs of abuse in vulnerable adults and were aware of their responsibilities in raising safeguarding concerns.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a specialised care plan and an annual health check. There was a GP lead for mental health at the practice. Where necessary, the practice referred patients to one of several local counselling services.

Good



Summary of findings

What people who use the service say

During our inspection, we spoke with five patients, reviewed 40 comment cards left by them and spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and service they received at the practice were very good. They said they felt staff were

caring, supportive, kind and helpful. Most patients told us they felt listened to by the GPs and involved in their own care and treatment. The patients we spoke with or who left comments for us during our inspection visit said phone and online access to appointments was good and they were able to get the appointments they wanted.

Areas for improvement

Action the service **MUST** take to improve

Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of medicines and vaccinations kept at the practice. All medicines and medical consumables, including those kept with emergency equipment, must be within their expiry dates and stored appropriately.

Action the service **SHOULD** take to improve

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully audited.

Ensure adequate recruitment procedures are in place including completing the required background checks on staff and that the required information is available in respect of each person employed.

Ensure that all staff employed are supported by receiving appropriate supervision and appraisal within the practice's own timescales.

Ensure there is a structured approach to multi-disciplinary meetings for all patients with complex health issues.

Ensure that all staff complete the training relevant to their roles, which may include the application of the Mental Capacity Act (2005).

Ensure that every reasonable and affordable effort is made to expand or redesign the practice to ensure the privacy and dignity of patients is maintained at all times.

Fishermead 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 GP and practice manager acting as specialist advisers.

Background to Fishermead Medical Centre

Fishermead Medical Centre provides a range of primary medical services from a purpose built premises at Fishermead Boulevard, Milton Keynes, MK6 2LR. The practice is neither a training or dispensing service. The practice serves a population of approximately 6,400. The area served is slightly more deprived compared to England as a whole. The practice population is ethnically mixed, covering 55 languages from Europe and Africa in particular. The practice serves a significantly above average population between the ages of 0 to 9 and 20 to 39 and a lower than average population over the age of 40.

The full clinical staff team includes three male GP partners, one female nurse prescriber, two female practice nurses and a healthcare assistant. The team is supported by a practice manager and nine administration, reception and medical secretary staff.

Why we carried out this inspection

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

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

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

How we carried out this inspection

Before our inspection visit, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection visit on 11 February 2015. During our inspection we spoke with a range of staff including three GP partners, two nursing and healthcare assistant staff, the practice manager and members of the reception and administration teams. We spoke with five patients and two representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 40 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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?

Detailed findings

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

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

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

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

The weekly practice meeting was used for senior staff to review and take action on all reported incidents, events and complaints. Although formal minutes were not available for those meetings, the written notes we looked at demonstrated this happened as and when required. The staff we spoke with who attended the practice meeting were all able to recount the details of recent incidents and events discussed. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff and other staff meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice. The notes of the weekly practice meetings and minutes of other staff meetings demonstrated that all incidents and events were discussed. The meetings included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. An annual significant event analysis was completed by the practice manager. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles regularly. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had a safeguarding policy in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff had received safeguarding and child protection training at the level specific to their roles.

We looked at the details of some recent safeguarding concerns raised at the practice. We saw the practice response was well documented and included details of any support plans put in place for any patients identified as being at risk. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk.

Medicines management

A system was in place to receive and store vaccinations securely at the required temperature. The checks included daily monitoring of the temperature at which the vaccines were stored. We checked the vaccines and found them to be stored at the appropriate temperature and within their expiry dates. All of the staff we spoke with were aware of the system in place and how to use it.

However, patients were not fully protected from the risks associated with the unsafe use and management of medicines. There was no system in place to record the amount and type of medicines (including vaccinations) kept at the practice. This included the absence of an inventory of incoming and outgoing medicines and vaccinations. Although all the vaccines we looked at were within their expiry dates, two medicines and some medical consumables such as syringe needles were beyond their expiry dates. Other medical consumables such as a syringe were stored out of their sterile packaging.

Cleanliness and infection control

We saw that the practice appeared clean. Hand wash facilities, including hand sanitiser were available throughout the practice. The records we looked at showed that staff were trained in and had access to a policy on infection control issues. The practice had a nominated lead

Are services safe?

for infection control issues. The staff we spoke with were aware of their responsibilities and those of the lead. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

A Legionella (a bacteria which can contaminate water supplies and cause Legionnaires' disease) risk assessment completed at the practice in August 2014 showed the premises to have several risks due to the lack of water temperature checks and record keeping. We saw that action was taken and records were available to demonstrate water temperatures at the practice were regularly monitored and these were within the required levels.

A documented audit of cleanliness and infection control issues at the practice was not available. However, we found the practice appeared clean and staff were adhering to infection control procedures. Staff told us that visual checks were completed. We saw cleaning schedules were available and adhered to. Following our inspection visit, the practice informed us an infection control audit was scheduled to be completed on 27 February 2015.

Equipment

Patients were protected from the risk of unsuitable equipment because the practice had procedures in place to ensure the equipment was maintained and fit for purpose. We looked at documentation which showed the practice completed annual checks on its equipment. This included the calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

Records we looked at contained evidence that for most staff, some of the appropriate recruitment checks were undertaken prior to employment. However, not all of the

appropriate checks such as previous working and character references and proof of identity were available for all staff. We found that this only affected staff employed before the current practice manager was in post. Any staff employed by the new practice manager had completed a full recruitment check before starting their roles and the records were available and up-to-date.

Criminal records checks were available for all nursing staff and most members of the administration team. For the three administration staff without a check, evidence was available to demonstrate the checks had been initiated. For the GP partners, the practice policy was to rely on their up-to-date registration and revalidation. As part of this process, the relevant bodies check the fitness to practise of each individual. We saw the professional registrations and revalidations of the GPs were up-to-date.

Monitoring safety and responding to risk

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The practice manager received and distributed safety alerts to the relevant staff. The weekly practice meeting was used for senior staff to review and take action on all reported incidents, events and complaints. We looked at notes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff and other staff meetings. An annual significant event analysis was completed by the practice manager. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a risk management and service continuity plan in place. The documented plan covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate staff at the practice had completed cardiopulmonary resuscitation

Are services safe?

(CPR) training. We looked at the emergency medical equipment and drugs available at the practice including adrenaline and a defibrillator. Documented checks on the contents were available. All of the emergency drugs were

within their expiry dates. However, some items such as an airway tube, gloves, an adult nebuliser mask and syringe needles were beyond their expiry dates. This was not detected by the checks staff documented.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff. The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

We saw that the practice had used this information to analyse how the use of deferred antibiotic prescribing reduced the unnecessary use of these medicines. Between September and October 2014, the practice found that of 16 patients prescribed deferred antibiotics, nine (56%) did not collect their scripts after seven days and these were subsequently destroyed. As a result, we saw the practice's deferred antibiotic prescribing protocol was updated in October 2014. This instructed clinical staff to adopt deferred antibiotic prescribing where clinically possible to reduce the unnecessary use of those medicines.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of clinical audits included those on the appropriateness of prescribing seretide inhalers (a treatment used for asthma) and a review of opioid analgesics (the strongest form of painkillers). We found the data collected from both audits had been analysed and clinically discussed and the practice approach was

reviewed and modified as a result. In both cases, patients were identified who were able to alter or change their medicines to provide a more effective or beneficial treatment.

For example, the audit on the appropriateness of prescribing seretide inhalers in December 2014 had reviewed 26 patients. Of those, five were identified as being able to change their medicines and this was offered to each of those patients during their annual reviews following the audit.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations and revalidations of staff at the practice were up-to-date and as part of this process, the relevant bodies check the fitness to practise of each individual.

Most of the staff we spoke with said they received an annual appraisal of their performance and competencies. We looked at some examples of these and saw that there was also an opportunity for staff to discuss any training requirements. Staff told us that the training provision at the practice was adequate and they accessed much of their training during protected learning time. The various certificates we looked at demonstrated staff had access to a range of training, including relating to clinical skills. The resulting clinical competence and professional development of staff promoted improved patient care.

Some staff at the practice had not received an appraisal in the past year at the time of our inspection visit. This only affected the nursing team. Following our inspection visit, the practice supplied evidence to demonstrate the remaining appraisals were completed between 18 and 20 February 2015.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and pathology results and radiology reports to be received electronically. The process allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used.

A local drugs and alcohol recovery service held a clinic at the practice every Monday afternoon. A sexual health

Are services effective?

(for example, treatment is effective)

service based in the centre of Milton Keynes provided an HIV testing clinic from the practice once each week. Both of these clinics were available to patients from across the Milton Keynes area.

The practice held palliative care multi-disciplinary team meetings once every six weeks to discuss the needs of end of life patients. These meetings were attended by the GPs and palliative care nurses from a local hospice. We saw that the issues discussed and actions agreed for each patient were documented. However, multi-disciplinary meetings to discuss the needs of other patients with complex health issues were less structured. We saw the last of those meetings the week before our inspection visit had involved a health visitor. Previous to that the meetings were ad-hoc due to the lack of availability of the health visitor.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

From our conversations with staff and our review of training documentation we saw that staff at the practice had not received Mental Capacity Act (MCA) training at the time of our inspection visit. Also, there was a mixed response from staff on their understanding of the MCA and its implications for patients at the practice. The GP partners were aware of when and how to obtain advice on the principles of the MCA to ensure patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). Other clinical staff displayed little understanding of the MCA or its implications for patients at the practice. Staff

demonstrated the same mixed level of awareness of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge). Following our inspection visit, the practice provided evidence to demonstrate that all staff had been provided with access to training on the MCA to be completed by 27 February 2015.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. For those patients under 24, it also included a Chlamydia test. Routine health checks were also available for all patients between 40 and 74 years old. At the time of our inspection, for the 2014/2015 year, 168 of the 446 eligible patients had been assessed. The practice recognised this figure was low. However, we were aware that a pattern of low uptake for the health checks existed across the local area. The practice had changed the content of the letter sent to patients as a result in the hope of increasing the uptake of the checks.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). The GP partners shared the lead roles with nominated nurses for patients with diabetes, asthma and chronic obstructive pulmonary disorder (COPD) among others.

The practice maintained a register of all patients with learning disabilities with a nurse led clinic completing all the health checks for those patients.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and main corridor. This included information on healthy lifestyle choices, cancer and diabetes among many others. Smoking cessation advice was offered at the practice's own clinic run by the qualified healthcare assistant.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65.

Are services effective? (for example, treatment is effective)

Two of the nurses at the practice were qualified to carry out cervical screening. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years

and older. At the time of our inspection there was an 88.2% take up rate for this programme (1156 of 1310 eligible patients) from April 2014. This was achieved due to the efforts made by the practice to ensure a high take up rate.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection visit we saw that staff behaviours were respectful and professional. We saw examples of patients receiving courteous and helpful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas. However, due to the limited size of the waiting area, it was possible to clearly overhear most conversations between patients and receptionists. From speaking with senior staff we found a number of attempts had been made to apply to increase the size and layout of the premises, but these had all been without success.

We spoke with five patients on the day of our inspection, most of whom were positive about staff behaviours and the very good service they felt they received. One patient commented about a poor experience with one GP on one occasion. A total of 40 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were caring, supportive, kind and helpful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. Most of the five patients we

spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. One patient reported one bad experience with a GP. We also read comments left for us by 40 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of the national GP survey for 2013/2014 showed that 64.7% of respondents felt the GPs at the practice were good or very good at involving them in decisions about their care. The national average was 82%. This figure rose to 87.5% when patients were asked the same about nurses at the practice. This was above the national average satisfaction rate of 85%. The nursing staff were considered to be good or very good at showing care and concern by 93.3% of patients.

Patient/carer support to cope emotionally with care and treatment

Although there was no register of recently bereaved patients at the practice, all patients receiving palliative care and those recently deceased were discussed at the six weekly multi-disciplinary team meetings. From speaking with staff, we found that all the GP partners signed a letter sent to the family of each deceased patient with the team's sympathy and an invitation to approach the practice for support. The senior staff we spoke with knew of the availability of several local counselling services and the practice referred patients requiring such support to them.

Patients in a carer role were identified where possible. The practice maintained a register of patients who identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. Staff told us that patients on the register had access to services such as home visits and immunisations provided at home if necessary. We saw information aimed at carers displayed in the waiting area on a dedicated noticeboard. This gave details of the local support available among other things.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan and multi-disciplinary team monitoring. At the time of our inspection visit, 212 patients (3.3% of those aged over 18 years old) were receiving such care. There was also a palliative care register at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

Smoking cessation services including advice were provided at the practice by a qualified healthcare assistant. At the time of our inspection visit, over the previous 24 months smoking cessation services were offered to 1,223 of 1,269 eligible patients. Of the 202 patients accepting intervention, all had received advice or referral from the practice at the time of our inspection.

We saw that patients with diabetes received six monthly health checks at the practice. All newly diagnosed patients with diabetes were referred to the Diabetes Education and Self-Management for Ongoing and Diagnosed (DESMOND) project.

The practice maintained a register of patients with dementia who received a specialised care plan and a named GP. At the time of our inspection visit, 87.5% of patients on the register had attended for their annual health checks. The practice also maintained a register of patients with learning disabilities and provided annual health checks to those patients.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. From our conversations with PPG members and our review of some PPG meeting minutes and the 2014 annual report, it was clear the group was very engaged with the practice.

Tackling inequity and promoting equality

We saw that all staff at the practice were booked to complete equality and diversity training on 25 March 2015. We saw the premises and services were adapted to meet the needs of people with disabilities. We saw that all of the clinical services were provided on the ground floor and the practice had step free access to the main entrance. We found that although confined, the waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

An external translation service was available to the practice. The practice protocol was to arrange for the attendance of translators during a patient's consultation as opposed to providing telephone translation services. On the day of our inspection we saw that translators were available the same afternoon if booked before midday. The records we looked at demonstrated the face-to-face translation service was well used. For the month following our inspection visit, translators were already booked to attend appointments for Russian, Tamil, Romanian, Polish and Latvian speaking patients.

Access to the service

The practice was accessible to patients because it responded to the varying requirements and preferences of its patient population. On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see a GP was available within 48 hours. Dedicated urgent and telephone consultation appointment slots were still available on the day of our inspection. We saw that the appointments system was structured to ensure that urgent cases could be seen on the same day and the GPs were able to complete home visits between midday and 4pm.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

Are services responsive to people's needs?

(for example, to feedback?)

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

As well as being open from 8.00am to 6.30pm Monday to Friday, the practice had extended opening for bookable appointments until 8.15pm every Monday. This allowed some additional access to services for those who found attending in normal working hours difficult.

During our inspection, we spoke with five patients and read the comments left for us by 40 patients. All of the patients who commented on the appointments system and access to the practice said they were satisfied and had no concerns. They said they could get the appointments they wanted and felt they were seen quickly when needed.

Results from the NHS England GP patient survey in 2014 showed that 81.5% of patients were fairly or very satisfied with the practice's opening hours. This was slightly above average when compared to the rest of England. Only 65.7% of patients felt phone access to the practice was good. This was considerably below average when compared to the rest of England. However, the patients we spoke with or who left comments for us during our inspection said they had no concerns about phone access to the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was 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. A display informing patients of how to complain about the practice and its services was available in the waiting area. However, we found this was small and difficult to locate. Following our inspection visit the practice provided evidence to demonstrate it had displayed new, larger notices about its complaints process.

A practice leaflet containing information on how to complain was available through the practice's website. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with five patients. They were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever wanted to make a complaint about the practice.

We looked at the practice's records of complaints received in the past 12 months. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure.

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

From speaking with staff and our review of documentation, we found the practice had a clear vision contained within its statement of purpose to work in partnership with its patients and provide a good quality of care, treatment and service to them.

The strategy used by the practice was formalised. The strategy for the 2014/2015 year was developed at an all staff meeting in November 2013. The open forum style meeting was used to involve all staff in the discussions about the practice's direction and strategy. Staff told us this made them feel valued and supported and provided them with the opportunity to discuss relevant issues that affected them as staff and also their patients. From the meeting, an action plan was developed to focus on areas identified by staff as of significance to themselves, the practice and patients. We saw the plan contained actions for all aspects of practice life including the premises, equipment, staffing and clinical activity.

A further all staff forum in July 2014 was used for staff to review the action plan. The weekly practice meetings were used to monitor the strategy and progress against the plan throughout the year. We saw that at the time of our inspection visit, the practice was making good progress against the plan and a number of actions were completed.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers strongly supported by the practice manager. All staff contributed to practice processes and issues through all staff meetings approximately twice each year and a schedule of weekly, monthly and six weekly staff team meetings.

The practice had a comprehensive system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were regularly reviewed and up to date. However, procedures and systems in relation to medicines management were not yet fully embedded at the practice.

The practice had arrangements for identifying, recording and managing risks. The weekly practice meeting was used for senior staff to review and take action on all reported incidents, events and complaints. We looked at notes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of staff team meetings.

The practice had a system in place for reporting, recording and monitoring significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. The notes of the weekly practice meetings and minutes of other staff meetings demonstrated that all incidents and events were discussed. The meetings included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. An annual significant event analysis was completed by the practice manager. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with asthma, diabetes and chronic heart disease among others. There were also nurse led clinics for the same health issues and nominated nurse leads for such things as infection control. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a cooperative and friendly team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings and protected learning at the practice for individual staff groups, multi-disciplinary teams and all staff to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. They said they felt their views were respected and considered and this was demonstrated by all staff having the opportunity to contribute to the practice's 2014 action plan.

Are services well-led?

Good 

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

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

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of 22 members of which a core of approximately 10 met every six weeks. The PPG is a group of patients who work with the practice to discuss and develop the services provided. There was also an online virtual patient participation group (vPPG). The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through meetings or emails the groups were able to feedback their views on a range of practice issues. We spoke with two members of the PPG who said the group had very good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice.

From minutes of the PPG meetings we looked at and our conversations with PPG members we found the group was more of a shared forum for patients to feedback views to staff and for staff to inform patients of service and staff updates. However, we saw the PPG was integral in developing the practice's last patient survey. The PPG also reviewed all complaints and suggestions made by patients using the formal complaints process, the online comments and suggestions form, or the box available in reception.

The practice had distributed its last patient survey around October 2013 and responses were received from 152 patients. The questions in the survey had mainly focussed on understanding patients' knowledge of the services provided by the practice and how they were structured. This included questions on patients' awareness of the appointments system and online services. In response to the survey, the PPG worked with the practice to develop a system of did not attend (DNA) letters to reduce the amount of wasted appointments. We saw the templates for these letters and examples of how they were being used to highlight to patients the consequences of not attending their booked appointments.

We saw a comments and suggestions box was provided in the waiting area for patients to use. However, as this was only recently installed, we were told it was yet to be used by patients. From our review of the PPG meeting minutes, we saw the group regularly reviewed all complaints and suggestions made by patients in other ways.

The staff we spoke with said the results of the patient survey, patient complaints and other patient feedback were discussed in their meetings so they were clear on what patients thought about their care and treatment. They said the schedule of various practice and staff group meetings also provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. The staff files we looked at demonstrated that for most staff, regular appraisals took place which included a personal development plan. For those staff who had not received an appraisal at the time of our inspection visit, the practice supplied evidence to demonstrate they were completed between 18 and 20 February 2015.

A system was in place for senior staff to review and action all reported incidents and events. The evidence we reviewed demonstrated that all incidents and events were discussed as soon as possible after they occurred or were reported. This included discussion on how the incidents could be learned from. An annual significant event analysis was completed by the practice manager which consolidated the practice's learning from such incidents.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the registered person had not protected people from the risks associated with the improper and unsafe use and management of medicines by means of the making of appropriate arrangements for the recording of some medicines used for the purpose of the regulated activity. Some medicines and medical consumables were beyond their expiry dates or not stored appropriately.</p> <p>This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>