Cherry Medical Practice

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cherry Medical Practice on 05 September 2016. Overall the practice is rated as requires improvement.

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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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. However, there was not a robust method for recording complaints or audit trail.
- 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 but did not have health and safety and fire safety risk assessments in place.
- The practice did not have a clear leadership structure but staff did tell us they felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure there is a system in place to document relevant recruitment checks have been carried out prior to a person's employment.
- Ensure risk assessments have been undertaken in relation to health and safety and fire safety.

Summary of findings

- Ensure all staff receive training relevant to their role and that the practice has a formal way to monitor training records for staff.
- Ensure all clinical staff have indemnity insurance.
- Ensure the practice has a system in place to ensure all staff receive patient safety alerts.
- Ensure that patient group directions are signed by an authorised person.

The area where the provider should make improvement is:

- Consider implementing a more formal way to document complaints and that there is a clear audit trail for these.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events but there was no evidence that an overview of patterns and trends was taking place.
- The practice told us that 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice lacked a variety of risk assessments including health and safety and fire safety.
- Recruitment files for staff were missing information which included proof of identification, proof of indemnity cover and signed contracts.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- 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.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for most staff. However, not all staff had received training relevant to their role.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.

Summary of findings

- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a 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.
- Information about how to complain was available and easy to understand.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice was lacking a clear leadership structure but staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- All staff had received inductions but not all staff had received regular performance reviews and team meetings were not held frequently.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of this population group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check 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.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- 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.

Summary of findings

- 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 and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services 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

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

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

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of People experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- 80% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 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 on 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing generally in line with local and national averages. 346 survey forms were distributed and 84 were returned. This represented 3% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 72%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85% and the CCG average of 81%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and the CCG average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, 34 of which were positive about the standard of care received. One comment card said that they always see a different doctor. Other comment cards described the practice as caring and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure there is a system in place to document relevant recruitment checks have been carried out prior to a person's employment.
- Ensure risk assessments have been undertaken in relation to health and safety and fire safety.
- Ensure all staff receive training relevant to their role and that the practice has a formal way to monitor training records for staff.
- Ensure all clinical staff have indemnity insurance.
- Ensure the practice has a system in place to ensure all staff receive patient safety alerts.
- Ensure that patient group directions are signed by an authorised person.

Action the service SHOULD take to improve

- Consider implementing a more formal way to document complaints and that there is a clear audit trail for these.

Cherry Medical 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 an Expert by Experience.

Background to Cherry Medical Practice

Cherry Medical Practice is located in Salford. The address of the practice is Little Hulton District Centre, Manchester, Salford, M28 0AY. The practice has limited parking facilities but has good public transport links with bus stops nearby. The practice shares its premises with another registered provider.

The practice is a partnership with one male and two female GPs, a practice nurse (female), a practice manager, and a team of administration staff. The practice uses a regular locum GP.

The practice is open and offered appointments between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.10am in the morning and 3pm to 5.20pm in the evening. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

Outside of opening hours, patients are directed to the NHS 111 out of hour's service.

The practice has approximately 2500 patients and operates under a personal medical services (PMS) contract and is part of NHS Salford Clinical Commissioning Group. The age group of the patients at the practice is similar to that of the national average but with a slightly higher than average amount for people ages 20-29.

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 05 September 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, administration staff and spoke with patients who used the service.
- 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?

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)

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

- The practice had a system in place for reporting and recording significant events but there was no evidence that an overview was taking place to identify trends and patterns.
- 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 individual significant events.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. There was an inconsistent approach to patient safety alerts, and the practice did not have anyone that took ownership of this to ensure action was taken when alerts were received. There was no evidence to demonstrate that all clinical staff were receiving NICE (national institute for clinical excellence) and MHRA (medicines and health care products regulatory agency) alerts.

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, however, when the practice was asked to provide the policies they were unsure of its location and they took some time to provide it. 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 safeguarding level three and all other staff were trained to child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had not received formal training for the role but 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 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 the practice told us that staff had received up to date training but were unable to provide evidence of this. Annual infection control audits were undertaken and 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 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 practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, the PGDs in place had not been countersigned by an authorised person.
- The practice did not retain any recruitment documentation for its staff and was unable to provide

evidence that checks such as proof of identification, references or qualifications had been carried out. However, the practice did inform us that recruitment checks had been performed, and the practice had performed appropriate checks through the Disclosure and Barring Service for all staff. At the time of inspection the practice had not ensured that all clinical staff had indemnity insurance however the practice has now provided us with evidence that this had been put in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were some 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 did not have an up to date fire risk assessment but did carry 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 risk assessments in place to monitor the safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) but was lacking other risk assessments including control of substances hazardous to health and health and safety.
- 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.

Requires improvement

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.

- Not all staff had access to guidelines from NICE or alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), but clinical staff did received alerts from NHS England.

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 96% of the total number of points available with 5% exception reporting (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was in line with the national average of 84%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80% which was in line with the national average of 84%

- There was evidence of quality improvement including clinical audit. We reviewed two clinical audits completed in the last two years and the practice could demonstrate that improvements made were implemented and monitored. For example, improvements were made to patients with acute kidney injury which included ensuring they were coded on the system correctly and invited in for a review.

Effective staffing

- The practice had an induction programme for all newly appointed staff but was unable to demonstrate that it covered such subjects as fire safety, health and safety and confidentiality as the practice did not keep a training record for staff. We were informed that the practice nurse would carry out infection control training for staff.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff.
- 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 training to meet their learning needs and to cover the scope of their work but the practice was unable to demonstrate what training had been completed. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. There was evidence that most staff had received an appraisal within the last 12 months but one member of clinical staff had not received an appraisal since 2014.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Requires improvement

Are services effective?

(for example, treatment is effective)

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. Meetings took place with other health care professionals on a monthly 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was above the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 96% and five year olds from 83% to 100%.

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

Good

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.

We received 35 patient Care Quality Commission comment cards and 34 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. One comment card expressed concern about never seeing the same GP.

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

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 89%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

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 generally in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

- Information leaflets were available in easy read format.
- The practice told us that asylum seekers that wanted to register would be referred to another registered provider, who provided a specialised service for this population group and shared the premises.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Good

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.

- There were longer appointments available for patients with a learning disability.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am -11.10am every morning and 3pm to 5.20am daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 76% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

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

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.

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.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. However, the practice could not demonstrate that all complaints were handled effectively and in a timely manner.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months. The practice provided documentation post inspection for one of these complaints but we were unable to determine if the complainant had received acknowledgement and an apology in a timely manner as all documentation was undated. The practice informed us that they did offer an explanation and an apology for both complaints.

Are services well-led?

Requires improvement

(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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice was undergoing a change in leadership. The senior partner was planning to retire from the practice and two new partners would be taking over to lead the practice. The practice was also lacking a full time practice manager but this role was in transition to the senior administrator. The senior partner accepted that the practice was lacking formal leadership but was keen to put in place measures to make improvements.

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies available to all staff but there was no central location for policies to be kept.
- Processes at the practice were disorganised and when asked, the practice found it difficult to find relevant policies or information easily.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of health and safety and fire safety risk assessments.

Leadership and culture

On the day of inspection the partners in the practice 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. However, management support required improvement to ensure practice management functions were properly carried out. For example, this was demonstrated by the lack of embedded processes at the practice, difficulties in locating policies, procedures and other documentary evidence.

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). 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.

There was not a clear leadership structure in place however, staff felt supported by management.

- Staff told us the practice held team meetings but they were infrequent and on an ad hoc basis.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice did not have an active patient participation group (PPG) as it had struggled to recruit members in spite of having notices inviting patients to join. The practice was looking into a joint PPG with neighbouring practices.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Requires improvement

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

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.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not ensured that risk assessments relating to health and safety, fire safety and legionella had been performed.** **The provider had not ensured that there was an effective system in place for clinical staff to receive patient safety alerts and ensure that they these had been acted on.** **The practice had not ensured that Patient Group Directions (PGDs) had been signed by an authorising person.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The practice could not demonstrate that all staff had received training relevant to their role, and there was no system in place to monitor the training needs of staff.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider did not have a system in place to demonstrate that the relevant recruitment checks had been performed on staff prior to employment** **The practice had not ensured that all clinical staff had indemnity insurance.**