

GP Practice at Riverside

Quality Report

Riverside Centre for Health
Park Street
Liverpool
L8 6QP

Tel: 01512959210

Website: www.riversidemedicalcentre.com

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at GP Practice at Riverside on 3 May 2017. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Staff learning from significant events was shared across the practice, however the record keeping of such events required improvement.
- The practice had systems to minimise risks to patient safety but improvements were required for the monitoring of risks related to the premises.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy.
- There were arrangements for managing medicines, including emergency medicines and vaccines in the practice. However, we found that safe systems for the

destruction of unused prescription forms was not in place. Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Audits of clinical practice were undertaken and discussed.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- Information about services and how to complain was available but improvements were needed to the records made of these.

Summary of findings

- Patients we spoke with 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 provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were areas where the provider must make improvements. The provider must:

Review the overall governance structure of the practice including staff roles and communications and in particular:-

- Ensure all records relating to the practice, including policies, staff recruitment and training documentation, actions taken as a result of incidents or complaints, monitoring records and action plans, are appropriately maintained.
- Ensure appropriate risk assessments, monitoring and audit systems are in place to mitigate safety risks in particular with regard to safety alerts and guidance, staffing, emergency medication and prescriptions and safety of the premises and equipment.

There were areas also where the provider should make improvement. The provider should:

- Implement a system to ensure that NICE guidelines are followed up by clinical staff.

- Develop a staff training matrix to ensure accurate records are kept for the full training undertaken by staff.
- Review how information collected by the practice could improve the support available for carers.
- Review the numbers of staff trained and able to undertake chaperoning duties.
- Consider the inclusion of reception staff to regular practice meetings so that communications can improve.
- Monitor the contents of GPs bags and medicines.
- Undertake a risk assessment to ensure that the movement of staff across each of the providers GP practices does not compromise the health, safety and welfare of patients and staff.
- Review the management and leadership structure of the practice. This should include a risk assessment and needs analysis as the basis for deciding sufficient management and leadership roles are in place at all times.
- Ensure that minutes of meetings with reception staff are recorded.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. We found that staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice, however the record keeping of such events required improvement. Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice. However, we found that safe systems for the destruction of unused prescription forms was not in place.

There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis. The practice had an up to date fire risk assessment and carried out regular fire drills but an action plan had not been developed to show this work had taken place and fire extinguishers checks were out of date. The required pre-employment checks had been carried out to ensure staff suitability for the sample of staff we looked at. However, there were gaps in the information held to demonstrate staff fitness. Immediate actions were taken by the provider and evidence of compliance was submitted after the inspection.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Good practice and National Institute for Health and Care Excellence (NICE) were used by staff but the provider should implement a system to ensure these guidelines were followed up by clinical staff. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

Data showed that the practice was performing highly when compared to practices nationally. Audits of clinical practice were undertaken and discussed. The practice demonstrated how they ensured role-specific training and updating for relevant staff. We found that patients were signposted to the relevant service. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and those who returned comment cards were extremely positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. Patients felt involved in planning and making decisions about their care and treatment. Information was collected by the practice relating to carers registered but it was unclear what this information was used for when identifying further support for carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients. The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. Patients we spoke with 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. A range of appointments were provided to meet the needs of patients. Overall, patients told us they could get an appointment if they needed one. Information about how to complain was available. The practice responded quickly to issues raised and made improvements to the service in response to complaints but the record keeping of such incidents required improving.

Good



Are services well-led?

The practice is rated as good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care and this was shared with staff. There was a leadership structure which covered a number of the providers other practices, staff told us they felt supported by management. However, there were times during the week when a practice leader was not in place. The practice had policies and procedures to govern activity. A comprehensive understanding of the performance of the practice was maintained by the leadership team.

Good



Summary of findings

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found a number of areas such as fire extinguisher and electrical wiring tests monitoring that were not in date. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a proactive Patient Participation Group (PPG). Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. Up to date registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or in some cases better than local and national averages. General Practitioners carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions. Home visits and urgent appointments were provided for patients with enhanced needs. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. Where older patients had complex needs, the practice shared summary care records with local care services.

Good



People with long term conditions

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

The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs. All these patients had a named GP and there was a system to recall patients for 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. The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these. There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health. The practice held regular multi-disciplinary meetings to discuss patients with complex needs

Good



Summary of findings

and patients receiving end of life care. Longer appointments and home visits were available for patients with long term conditions when these were required. Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.

Families, children and young people

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

Staff were aware of safeguarding matters related to children and how to respond to these. We found the practice had regular safeguarding meetings with all professionals to discuss patients at risks and any developments to this. From the sample of documented examples we reviewed we found there were systems 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 accident and emergency department (A&E) attendances. A GP was the designated lead for child protection. The practice employed an Immunisation Nurse to maintain and improve standard childhood immunisations. The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. The premises were suitable for children and babies and baby changing facilities were available.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had a website as well as noticeboards in reception advertising services to patients. Telephone consultations were provided and patients therefore did not always have to attend the practice in person. Extended hours appointments were not available. The practice provided a full range of health promotion and screening that reflected the needs of this age group. The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these. End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice worked with relevant health and social care professionals in the case management of vulnerable people. 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. Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

The practice held a register of patients experiencing poor mental health and these patients were offered at least an annual review of their physical and mental health. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice regularly worked with multi-disciplinary teams including in the case management of patients experiencing poor mental health. Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health. Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed. Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations. GPs carried out at least weekly visits to a care home for people living with dementia and care planning was carried out to support these patients.

Good



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 in line with local and national averages, 348 survey forms were distributed and 112 were returned. This represented 4.8% of the practice's patient list. The results showed that;

- 91% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 99% of respondents find it easy to get through to this surgery by phone compared with the CCG average of 75% and the national average of 73%.
- 77% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.

- 82% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 82% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 88% and the national average of 85%.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been respected. We spoke with six patients during the inspection. All six 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

Review the overall governance structure of the practice including staff roles and communications and in particular:-

- Ensure all records relating to the practice, including policies, staff recruitment and training documentation, actions taken as a result of incidents or complaints, monitoring records and action plans, are appropriately maintained.
- Ensure appropriate risk assessments, monitoring and audit systems are in place to mitigate safety risks in particular with regard to safety alerts and guidance, staffing, emergency medication and prescriptions and safety of the premises and equipment.

Action the service **SHOULD** take to improve

- Implement a system to ensure that NICE guidelines are followed up by clinical staff.
- Develop a staff training matrix to ensure accurate records are kept for the full training undertaken by staff.
- Review how information collected by the practice could improve the support available for carers.
- Review the numbers of staff trained and able to undertake chaperoning duties.
- Consider the inclusion of reception staff to regular practice meetings so that communications can improve.
- Monitor the contents of GPs bags and medicines.

Summary of findings

- Undertake a risk assessment to ensure that the movement of staff across each of the providers GP practices does not compromise the health, safety and welfare of patients and staff.
- Review the management and leadership structure of the practice. This should include a risk assessment and needs analysis as the basis for deciding sufficient management and leadership roles are in place at all times.
- Ensure that minutes of meetings with reception staff are recorded.

GP Practice at Riverside

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and an expert by experience.

Background to GP Practice at Riverside

GP Practice at Riverside is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care. The practice has a General Medical Services (GMS) contract with a registered list size of 2300 patients (at the time of inspection). The practice had a high proportion of patients with significant levels of deprivation, disease prevalence and unemployment.

The practice has one GP partner, a salaried GP, a long term locum GP, advanced nurse practitioner, practice nurse and health care assistant and a number of administration and reception staff. The practice is open from 8am to 6.30pm Monday to Friday. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning Group (CCG). They provide a range of enhanced services, for example: childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

The practice does not provide out of hours services. When the surgery is closed, patients are directed to the local GP out of hour's service and NHS 111. Information regarding out of hours services was displayed on the website, on the practice answering machine and in the practice information leaflet.

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 like the local Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 3 May 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked 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 living 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.

Are services safe?

Our findings

Safe track record and learning

There was a new system in place for reporting and recording significant events.

- Staff told us they would inform the senior managers 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.
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We found that records of incident reports were not completed in full and minutes of meetings where discussions took place about these were brief in detail. A robust patient safety alert system ensuring all alerts were cascaded and acted on was not in place.
- We spoke with staff and found that lessons were shared and action was taken to improve safety in the practice but the written evidence to show this required improvements.
- The practice monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare, however the contact details on the

day of inspection were incorrect. New policies were submitted after the inspection. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All clinicians were trained to child protection or child safeguarding level three but some staff files did not have the certificated evidence to demonstrate this.

- A notice in the waiting room advised patients that chaperones were available if required. Only one member of staff was trained and could undertake chaperoning duties and this was insufficient to meet the possible requests from patients. This member of staff had received a Disclosure and Barring Service (DBS) check, (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place which were monitored.
- The nurse manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice. There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. The practice nurse was a newly recruited nurse and was receiving mentorship

Are services safe?

and support from the provider and other practices in developing their role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four administration personnel files and found appropriate recruitment checks had been undertaken prior to employment. However there were gaps in the information held by the practice. For example, proof of identification, references, immunisation records, training and continual professional development certificates and registrations with the appropriate professional body. We discussed this on the day of the inspection and some of this evidence was found but the presentation of the files was not orderly and required improvements.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis. The practice had an up to date fire risk assessment and carried out regular fire drills but an action plan had not been developed to show this work had taken place. Immediate actions were taken by the provider and evidence of compliance was submitted after the inspection.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However, the electrical certificate for the building had not been updated and the fire extinguishers had not been reviewed for two years. At the time of inspection a date was confirmed for both of these.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty. However, the provider was using staff from his other practices to work across each site and safe systems were not in place to support this.

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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. We reviewed the medicines and found that a drug named Benzyl Penicillin which is required in an emergency pack was not available at the practice. Immediate actions were taken for this at the time of inspection. We noted also that no system was in place to monitor the content of GP bags.
- The practice had a shared defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice did not have a robust system in place to ensure that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). Information shown to us during the inspection showed the practice was working towards an action plan they had developed for areas where they were an outlier for QOF and other national and clinical targets. Data shown to us, which was unverified, by the provider on the day indicated;

- Performance for diabetes related indicators was comparable with CCG and national averages. The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 86% with a local CCG target of 75%. Figures presented showed that 100% of patients had been offered a structured educational programme, with the local CCG target being 90%.
- Performance for mental health related indicators was similar to CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months, was 88%, with the local CCG target being 90%. Areas where the practice was performing well related to the monitoring of blood pressure for this patient group

and monitoring the medications levels of Lithium. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93% with a CCG target set at 70%.

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. There were a number of audits and medication reviews taking place. For example, a patient search was undertaken on the practice register for patients with Chronic Obstructive Pulmonary Disease (COPD) to establish if all patients had completed a spirometry test. They found that 50 patients out of the 72 on the register did not have this completed in the last 12 months. The practice discussed the results at a meeting and reflected on the reasons why patients were not attending for the test. Advice was sought from the local respiratory nurses, new equipment was used and patients were re-encouraged to attend. A re audit in March 2017 showed improvements was made in the number of patients who attended for the test, with improvement patient outcomes being demonstrated. The findings were used by the practice to improve services.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary meetings were held on a monthly basis. These meetings included district nurses, health visitors, mental health professionals and representatives from social services. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

Effective staffing

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

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of

Are services effective?

(for example, treatment is effective)

their work. Staff had access to and made use of e-learning training modules and in-house training. However, there was no formal training plan or matrix to ensure staff kept up to date with their training needs.

- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support, infection prevention and control, whistle blowing, health and safety, equality and diversity and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff held lead roles and interests in a range of clinical areas including; sexual health, minor surgery, paediatrics, respiratory illness, diabetes and palliative care. Other areas with a designated lead member of staff included; safeguarding, referrals management, significant events and complaints.
- A system was in place to ensure clinical staff were kept up to date with relevant training, accreditation and revalidation.
- There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/ evaluate their performance and plan for their training and professional development.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. We found however, that personalised patient care plans were not strongly developed and we discussed this with the GPs on the day of inspection. All paper and electronic records relating to people's care was well managed. Staff could easily access the information they needed to assess, plan and deliver care to patients in a timely way.

Monthly meetings were encouraged with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital

admissions. 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information such as NHS patient information leaflets was also available.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. 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.
- There were a variety of services which were available to patients, including citizen's advice, drug counsellors and smoking cessation advisors that patients could be referred to.
- The practice nurses were responsible for child vaccinations and holiday and flu immunisations.
- The practice encouraged patients to attend screening appointments. The percentage of women aged 25-64

Are services effective?

(for example, treatment is effective)

whose notes record that a cervical screening test has been performed in the preceding 5 years was 78% with a local target set for them at 80%. The practice was aware of this and an action plan was in place. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Staff we spoke with recognised the importance of maintaining patient dignity and respect.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with six patients during the inspection who also gave us numerous examples for how caring the GP and reception staff were. They told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect by the nursing teams. Results showed that:

- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Areas where the practice need to make improvements were:

- 86% of patients said the GP was good at listening to them compared the national average of 89%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

The practice was aware of the results and an action plan was in place.

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. Patient feedback from the comment cards we received was also positive and aligned with these views.

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 for the nursing team. They showed less favourable results for GPs for example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area and in the GP consulting rooms, 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 that this was approximately 1% of the practice list. We heard how this information was used to support carers and direct them to appropriate resources but there was no evidence shown to us to demonstrate this on the day of inspection. We found that clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as flu and shingles vaccinations, and the timely diagnosis of dementia. The practice was responsive in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and the public to contribute views. We were told that patient experience feedback was discussed at staff meetings and appropriate actions taken. The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs. Other examples of how the practice responded to meeting patients' needs were as follows:

- The practice had an active website as well as noticeboards in reception advertising services to patients of all age groups.
- Given the significant levels of substance misuse in the practice population the practice had a weekly substance misuse clinic for patients
- There were longer appointments available for patients who needed them, for example, 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.
- Translation services were available for patients.
- The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.
- The practice recently employed a Practice Matron to develop the care and support given to patients with long term conditions.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were also available for patients that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared with the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 79% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 57%.

People told us on the day of the inspection that they were able to get appointments when they needed them. If needed the GPs undertook home visits. 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. A complaints policy and procedures were in place, this had incorrect details about the practice and was out of date. This was updated during the inspection. We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. We were told that all patients who made a complaint were sent a leaflet, the detail of which was what they could do if they were not happy with the outcome of the practice response to the complaint. We looked at complaints received in the last 12 months and saw they had been dealt with however, there was a lack of evidence to show that appropriate actions had been taken. Staff confirmed that complaints were discussed at practice meetings and an annual review of complaints was carried out.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, GPs and nurses had lead roles in key areas. For example, in the management of patient long term conditions. However, we found that some staff were acting outside of their accountabilities, for example, when securing prescription pads unsafely and they had been allowed to act outside of their roles without the understanding their own accountabilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly but not all of them were in date, for example the child protection policy and some did not have a document control process in place.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. There was a weekly management operational meeting but there was little evidence seen to demonstrate the outcomes of this were discussed with all practice staff.
- Clinical audits were undertaken and were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found a number of areas such as fire extinguisher and electrical wiring tests certificates

that were not in date. We found the practice had an up to date fire risk assessment and carried out regular fire drills but an action plan had not been developed to show this work had taken place. We were not assured that the practice had robust processes and information to manage current and future risks and this was evidenced with the lack of action planning when practice risks had been identified.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However, full and completed information relating to patient complaints was not in place. We also found the recording of significant events also required improvements.

Leadership and culture

At the time of inspection the provider was in the process of developing a new management structure that would operate across this and the providers other locations. This included the development of a new practice Matron role, new administration hub and the development of a reception supervisor. The practice did not have a practice manager role and on a number of days in the week the reception supervisor was the lead manager on site. Staff told us they felt supported by the management team but there was a risk that that on days without a more senior manager on site effective leadership was at risk.

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the senior partner was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 management team encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment appropriate actions and responses were made.

Are services well-led?

Good 

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

The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. General Practitioners, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

Staff told us the practice held regular team meetings but minutes of meetings with reception staff were not being recorded. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice. There were arrangements for planning the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. We found that staff employed at this practice also covered the providers other practices and vice versa. This cross working meant that staff members from another practice would have access to confidential patient information and systems without safe measures being in place to prevent this.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a proactive Patient Participation Group (PPG) and on the day of the inspection we spoke with five of the members. They spoke positively about the engagement they had with the GPs, giving a number of examples for how their views had been listened to and acted on.

The practice had a support structure in place for supervision which included informal one to one sessions with staff. We were informed the practice nurses had informal supervision from the lead GP and they regularly attended local neighbourhood meetings for peer support and supervision. The development of staff was supported through a regular system of appraisal that promoted their professional development and reflects any regulatory or professional requirements. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Monthly training was undertaken by the GPs and nurses with protected learning time.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included the practice developing the roles of practice matron to support and further train practice staff and being involved in local schemes to improve outcomes for patients. The provider was aware of current challenges to the service, including, the maintenance and cleaning contract and quick and responsive actions were taken immediately following inspection. Future developments included the plan to introduce the role of mental health nurse to support the practice and improve patient outcomes for this population group.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not ensure that all records relating to the practice, including policies, staff recruitment and training documentation, actions taken as a result of incidents or complaints, monitoring records and action plans, were appropriately maintained.</p> <p>The registered provider did not ensure appropriate risk assessments, monitoring and audit systems were in place to mitigate safety risks in particular with regard to safety alerts and guidance, staffing, emergency medication and prescriptions and safety of the premises and equipment.</p> <p>The registered did not ensure that safe systems were in place for the management of medicines by making appropriate arrangements for the handling and safe keeping off all medicines. Particularly they did not ensure that new prescription forms for a previous GP had been managed and destroyed safely.</p> <p>Regulation 17 (1).</p>